requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician

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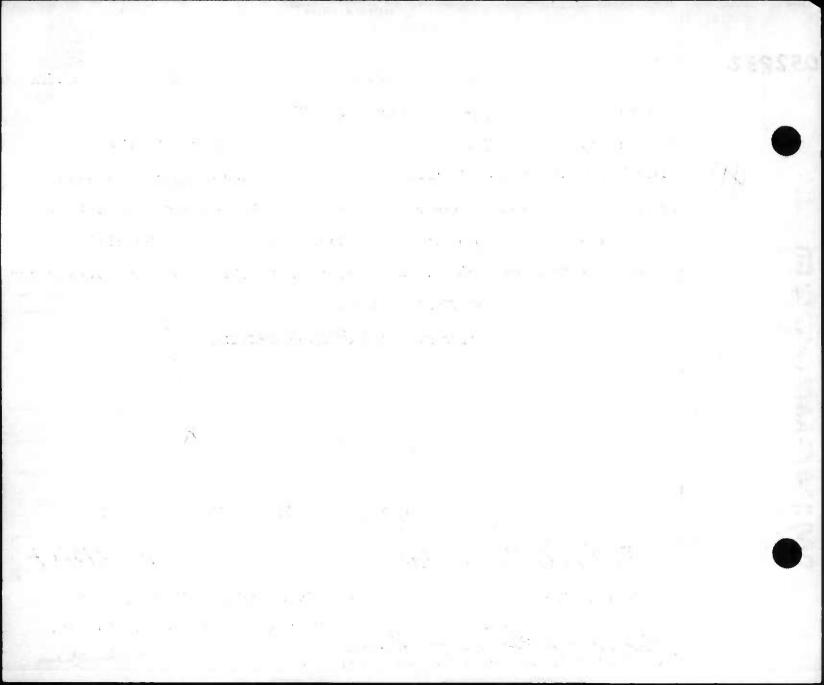
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N			
Tenta	GEASED NAME FIRST		AIDDLE	1.272	AST	20 DATE OF DEATH		YEAR 26	HOUR
	ALBERT		E		ONI	MAY 2, 198			2.50A
3. SE)	X	4 RACE		5. DATE C		6 AGE (IN YEARS EAST BIR	MONTHS		OURS MI
0	Male	Whi		May	2, 1907	80	YRS		
1	IRTHPLACE (STATE OR FOREIGN COUNTRY) EW Jersey		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C	County of DE.	ATH	
H/CI	TY OR TOWN OF DEATH ERRY POINT MD	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Paper Hai	OF WORKING LIFE) IND	KIND OF B USTRY	
13a S	al RESIDENCE (# NURSING HOME O STATE HOME OU Aryland Har	ford	13c. CITY OR TOW Aberde	N	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS 211 Edmui	ZIP CODE	t210	01 /
14 FA	ATHER'S NAME Angelo	WIDOIE	Annoni		Caroline	MIDDLE	Ortel	LAST 1i	
	WAS DECEASED EVER IN U.S. AL	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR			
10		1954	218 34 1	465	Helen T.Ann	noni.211 1	Edmund S	St. Ab	erde
10	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a) (b) an	diesi			T a	APPROXIMA	TE INTERVAL
NOIL	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE	FINDING	SUSED
TIFICA						YES NO	YES [
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR		YES [DEATH?
MEDICAL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A. R) P.:	M. MONTH DA M.	19	216 HOW INJURY OCCURE 216 LOCATION STREET		YES THE PART I OF		DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp saw the decased alive or	21e PLACE (AT HOME STE	M. MONTH DAM. OF INJURY EET FACTORY, OFFICE F e deceased from	ARM ETC)	211 LOCATION	RED (ENTER NATURE OF INJUNE) CITY OR TO	YES	PART 2)	STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hasp sow the decased alive or above, (I) (we) (did) (did n 22b. SIGN ATURE	ATH P. 21e PLACE: [AT HOME STR itol) ottended th MAY 2 at 1 view the body	M. MONTH DAM. OF INJURY EET FACTORY, OFFICE F e deceased from	19 ARM ETC) JIII.Y 87. or	218 LOCATION STREET 10 . 19 86 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TO , to MAY 2 depth accurred on the d	YES DRY IN ITEM IS PART I OR OWN COI 19 8 ote and hour and Ir	PART 2)	STATE STATE STATE STATE STATE STATE STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hasp sow the deceased alive on obove, (I) (we) (did) (did on obove, (I) (we) (did) (did on	ATH P. 21e PLACE (AT HOME STE	M. MONTH DAM. OF INJURY EET FACTORY, OFFICE F e deceased from	19 ARM ETC) JIII.Y 87. or	216 LOCATION STREET 10 , 19 86 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [CITY OR TO MAY 2 death accurred on the d MEDICAL STA DIRECTOR PHYSIC	YES DRY IN ITEM TS PART I OR OWN COL Tote and hour and Ir FF CIAN 222	PART 2) UNITY 37 the ram the cou	STATE STATE STATE STATE STATE STATE STATE
WEDICAL 230 8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHE MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did n 22b. SIGNATURE 22d PHYSICIAN'S NAME (1996 MICHAEL TAYT BURIAL, CREMATION, REMOVA	ATH P. 21e PLACE [AT HOME STR WHO THE BODY AND THE BODY AND THE BODY AND THE BODY AND THE BODY	M. MONTH DAM. OF INJURY BEEL FACTORY, OFFICE F e deceased from	JIII.Y 87, or	218 LOCATION STREET 10 . 19 86 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CENTER PERR	YES DRY IN ITEM TS PART I OR OWN COL Tote and hour and Ir FF CIAN 222	UNITY 37 the rom the color DATE SIGN MD	STATE STATE STATE STATE STATE STATE STATE
WEDICAL MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOT BY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hasp sow the deceased alive of obove, (I) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1988) MICHAEL TAYI	ATH HOUR A. P. 21e PLACE (AT HOME STE ATH MAY 2 21) view the body AOR 23b. DATE	M. MONTH DAM. OF INJURY REEL FACTORY, OFFICE F e deceased from	JIII.Y 87_, or	218 LOCATION STREET 10 , 19 86 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS VA MEDICAL	CENTER PERR	YES DERY IN ITEM 18 PART LOR OWN COL 19 8 ote and hour and Ir CIAN 22 Y POINT	UNITY B7 the rom the color DATESIA MD	STATE ST

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbompapers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



FOR

STATE OF MARYLAND

26 HOUR

1:15P

126 KIND OF BUSINESS OR

CONTRACTING

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

AUF

COUNTY

22c DATE SIGNED

STATE

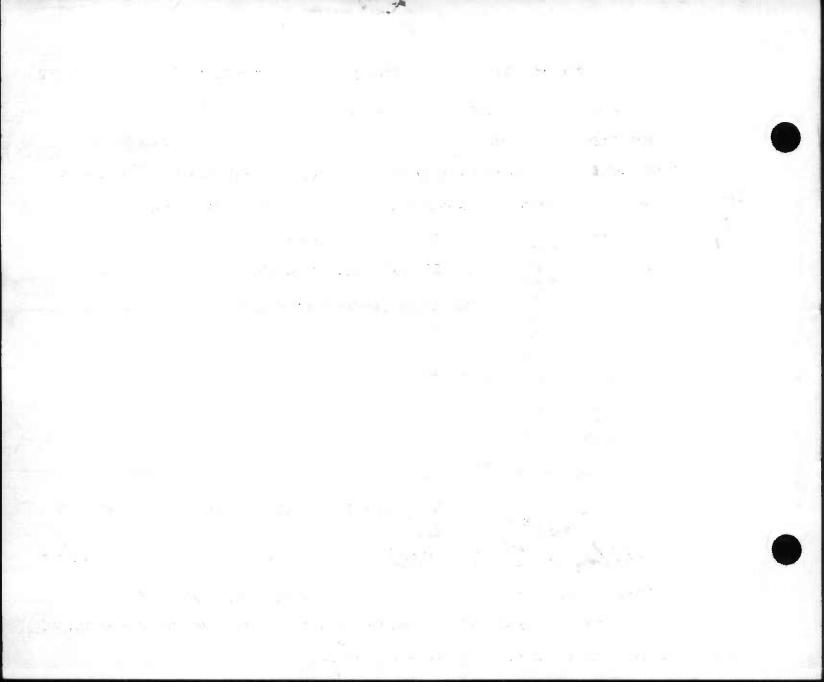
IF UNDER 24 HRS

21078

IE UNDER I YEAR

INDUSTRY

BURIAL 5 MAY 1987 ANGEL HILL CEMETERY HAVRE de GRACE, HARFORD CO., MD. 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21078 DHMH - 16 60M 7/B4 Julia Divideon Kandass Mitchell F.H., 123 S., Washington, H DE G.MD. (VRA 15, 4)



uneral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYGI	8 /	142	3 3
	1 DECEASED NAME FIRST	MIDDLE		LAST	REG. NO		12b. HOUR
	(TYPE OR PRINT) EARL	(nmn)	ATWOO	D	MAY 18, 1		4:50A M
1	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTI		
	Male	White	Mar.	19, 1920 YEAR	67	YRS DAYS	HOURS MIN.
1	North Carolina	USA	MARRIE WIDOWE	DIVORCED	9 BALTIMORE CITY OF Cecil		MD
100	PERRY POINT, MD	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CENT	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Retired	DN 12b. KIND EWORKING LIFE) INDUSTRY	OF BUSINESS OR
200	USUAL RESIDENCE IN NURSING HOME OR 130. STATE IN COUN Maryland Harf	NTY 13c. CITY OR TOW		134 INSIDE CITY LIMITS? YES NO 🛣		21	014
4	TATHER'S NAME FIRST Unknow	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	Unknown	L.	AST
2	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	Bel Air, Md	. 21014
0		II-Korea 218-23-	9988	Doris A.Buch		N.Fountain	Green Rd.
	PART I. DEATH WAS CAUSE	All one cause per line for (0), (b), one (D BY: TE CAUSE (a)	JLMONA ENCE OF VE HEA	ARY ARREST		BETWEEN	XIMATE INTERVAL N OMSET AND DEATH
		CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PART 1	0
1	RENAL FAILUE 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
1		HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	sow the deceased alive an above XIX we) (did) (dXXX	MAY 18 19 8 view the body after death.		LL ZZ , 19 87 nd that in XX (our) opinion d	death occurred on the do	te and hour and from the	, that (I) (we) last e causes stated
	22b. SIGNATURE	1. Millemo		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	SIGNED 14 87
	KEVIN M. MIL			VA MEDICAL CE	ENTER, PERRY	POINT, MD.	
	230 BURIAL, CREMATION, REMOVAL Burial	236. DATE 236. May 19,1987 Bell		Momorial Card	23d LOCATION CITY OF TOWN	COUNTY	MA
	24 FUNERAL DIRECTOR	114 19,198/ Be		21009 250. DAV	elia, per yr	r Hartord 756. REGISTRAP'S SIGNA	
	Howard McComas I	TT Funeral Home.		IVI	AY 19 1987	John Donne	الصلح)-
- 1	THE THE THE TAR						

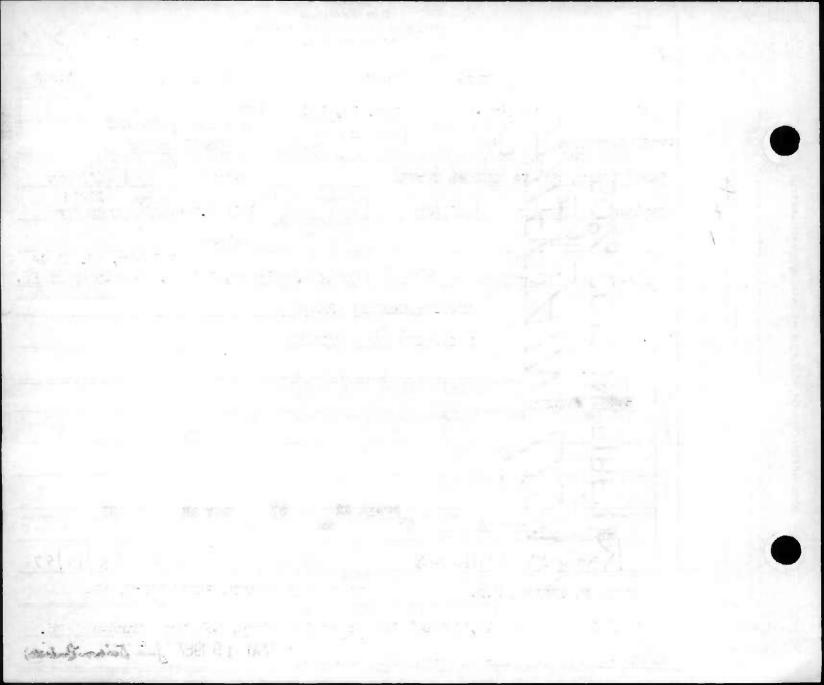
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers. For with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or ather traumatic event,"

IMPORTANT: If them 21 is marked or them 18 10



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGISTRAR I DECEASED NAME 20 DATE KNOWN TYPE OR PRINTS OF ESTI-RANDY DEATH MATED T. BAER 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED Male White 12 1952 35 5-22-87 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA DIVORCED Cecil County 10. CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET AGGRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Elkton Union Hospital 3 Garden Vil Maintenance SUAL RESIDENCE (IF IN NUF OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk 7304 Benwall Ct. Maryland NO K M FATHER'S NAME 15. MOTHER'S MAIDEN NAME LARS AFTER DESTRUCTION OF A FORM PM MIDDI LAST ANDONE Albert Baer Mary Leptic IN 24 HOS. GIVEN IN ITEM 18. GIVEN IN ITEM 18. GIVEN IN ITEM FOR ITEM IN ITEM 7 INFORMANT 166 SOCIAL SECURITY NO Balt. MD. 21224 No 215-58-6325 Mrs. Christine R. Baer 3103 E. Fleet St 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 18 ARE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: RACE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATHH AND MENTAL HYGIENE, BANTIMORE, MARKINAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION arteriosclerotic cardiovascular disease
OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY Y CONTRIBUTING CAUSE OF DEATH 8:00PM 5-21-8719 HOUR A.M. MONTH DAY YEAR subject was fishing found floating in water 21e PLACE OF INJURY JATHOME 21f LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, FTC.1 pond Conowingo Pond Conowingo, Maryland 220 I certify that I took charge of the remains described above, held an Inspection death resulted Iram: Natural causes Undetermined manner Accident Hamicide TITLE (SPECIFY) ACTUAL Deputy ChiefDICAL EXAMINER 5-22-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 5/26/87 Oak Hill Cemetery 07/84 BP. Maryland Lonaconing 25M 24. FUNERAL DIRECTOR Duda-Ruck Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 7922 Wise Ave. Baltimore, Maryland 21222 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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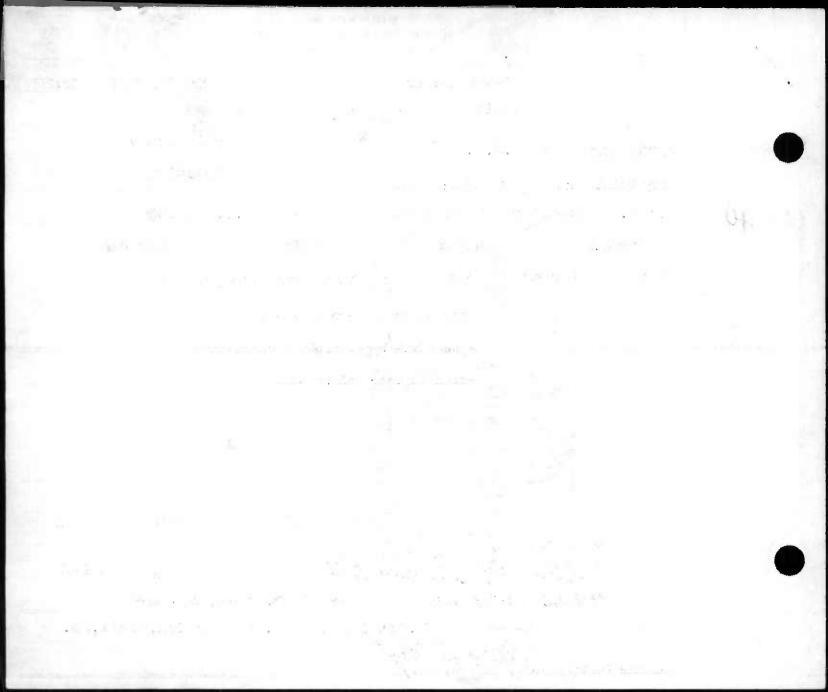
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	DAY YEAR 26 HOUR
(TYPE OR PRINT)	Elwood Bark	er	May 30	, 1987 10:25P _N
^{SEX} Male	White	June 20, 1933	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN North Carolin	16 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	00022 000	unty of DEATH anty
erry Point, Md.	VA Medical (Center	USTANTING CONTINUE	126 KIND OF BUSINESS OR INDUSTRY
enna. Che	or other institution give residence before inty Ster Notting	ARY NO DE CITY FINITSS	13. STREET ADDRESS / ZIP P.O. BOX 20	GODE 99999
FATHER'S NAME Herman	MIDDLE Barker	Jetta	Ha Ha	arrison (AST
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 175 28		y Point, Maryla	approximate interval
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (a) DUE TO, OR AS A CONSEQUENCE (b) Myocard (c) Probabl	ion & edema of lun DENCE OF lial hypertrophy &	dilatation	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE ETHER NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED INDURY OCCURRED INDURY OF WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2) COUNTY STATE
22a. I certify that (I) (this has saw the deceased alive a above, (IL(sup) (did) this 22b. SIGNATURE	ontol) attended the deceased from n 5-30- 193 one view the body array death			1987 that [X(we) last ad hour and from the couses stated 22c. DATE SIGNED 6-1-87
	MILLER, MIDD.		ry Point, Maryl	and
30 BURIAL, CREMATION, REMOVA	6-4-1987 23c	NAME OF CEMETERY OR CREMATORY Nottingham Cen	n. Rising Sur	n, Cecirl, Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Collins Funeral Home, Oxford, PA.

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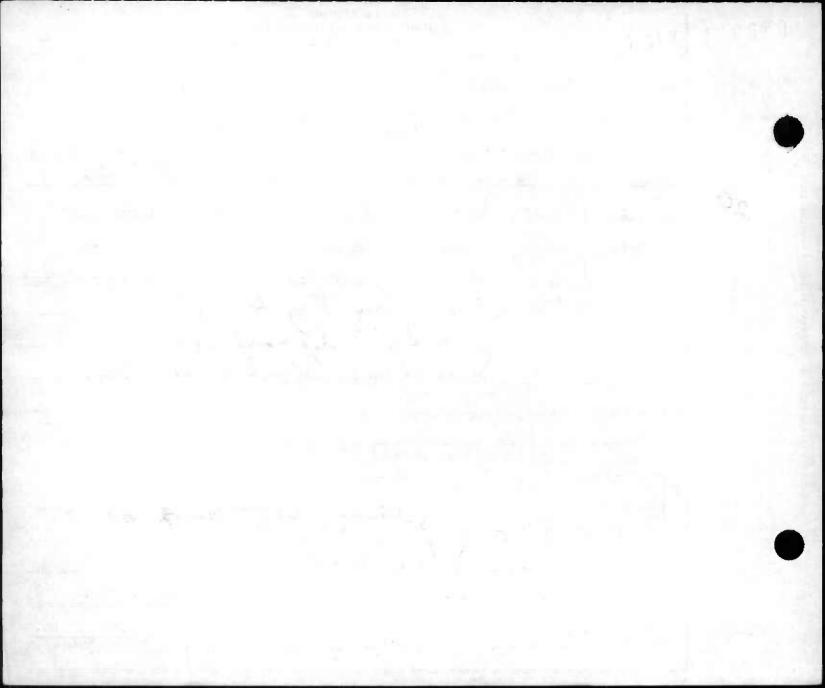
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

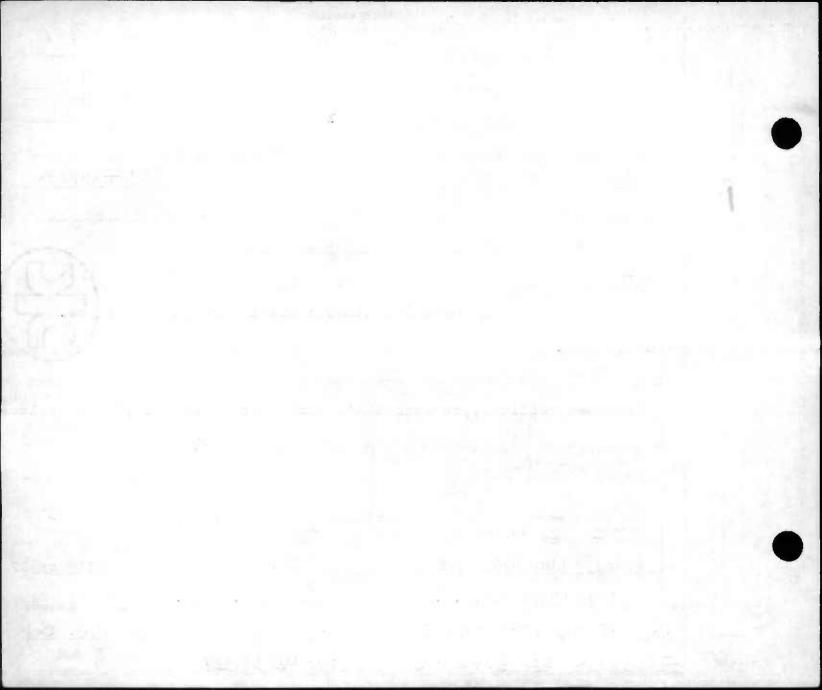
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		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOU
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	3 SE			4. RACE	mrca	S. DATE (OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEA	_
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11		RTHPLACE (STATE OR			WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
2		ennsvlvani.	a	U.S.A.		WIDOW	- 4.	Cecil Co	unty		
C	10 C	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE Verside	EET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Homemaker	TOF WORKING		
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1		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		0100_1		
exan	/	Charles	Adri		Sybert		Helen	A.		Delm	ar
/ wedico		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS		
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ent, the		18 CAUSE OF DEAT PART I. DEATH W	H Enter onl	y one couse per	line for (o), (b)	Opdic 1		1 1	_	BETWEE	NIMATE INTER
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injury, ar ather traum	ATION	gave rise to immoduse (a), stating underlying cause	, which mediate ng the last	DUE TO, OI (b) DUE TO, O (c) ONDITIONS CC	SAS A CONSECUTION TRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	20b. IF YE	ES, WERE FIND	INGS USED
ws any injury, ar ather traum	TIFICATION	gove rise to improve (oil, static underlying couse PART 2 OTHER SIGN	, which mediate ng the last	DUE TO, OI (b) DUE TO, O (c) ONDITIONS CC	SAS A CONSECUTION TRIBUTING TO	O DEATH BUT		200 AUTOPSY?	20b. IF YE		INGS USED
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9		gove rise to immodely ing couse (a), stofing underlying couse PART 2 OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTHY MEDI 21d INJURY OCCUR! WHILE NOTWALL NOTWALL WORK ALWOOD 220.1 certify that (I)	, which mediate ag the lost lost lost lost lost lost lost lost	DUE TO, OI (b) DUE TO, OI (c) 19b CONDI 19b CONDI	TION FOR WHICH	O DEATH BUT CH OPERATIO DAY YEAR 19 19 10 10 10 10 10 10 10 10	214 LOCATION STREET 19.6	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE FIND IFYING CAUSI TES PART I OF PART ?! COUNTY	INGS USED S OF DEAT NO
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99		gove rise to immodule to storic underlying couse underlying couse PART 2 OTHER SIGN 190. DATE OF OPERA 216. ACCIDENT WAS UNIOR CONTRIBUTING 101 (IF EITHER NOTHY MEDI 21d INJURY OCCUR. WHILE NOTW AT WORK NOTHY MEDI 220.1 certify that (I) sow the deceose obove (71) well's	, which mediate of the isost of	DUE TO, OI (b) DUE TO, OI (c) 19b CONDITIONS CC	TION FOR WHICH	O DEATH BUT CH OPERATIO DAY YEAR 19 19 10 10 10 10 10 10 10 10	211 LOCATION STREET 21 LOCATION STREET 22 19 63 and that in my our opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR depth occurred on the	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE FIND IFYING CAUSI TES PART I OF PART ?! COUNTY	INGS USEE S OF DEAT NO
99		gove rise to improve the couse (a), stoling underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d INJURY OCCUR! WHILE NOT WIND ALL WOOD 22a.1 certify that (I) sow the decease obove (II) welfer 27b. SIGNATURE	, which nediate of the last with the last of the last	DUE TO, OI (b) DUE TO, OI (c) 19b CONDITIONS CC	PAS'A CONSECTION FOR WHICE FINJURY M. MONTH M. OF INJURY LEEL FACTORY, OFFICE deceased from 19	O DEATH BUT CH OPERATIO DAY YEAR 19 19 10 10 10 10 10 10 10 10	216 HOW INJURY OCCUR 211 LOCATION STREET 2 19 60 and that in my our opinion DEGREE ATTENDING PHYSICIAN	ZOO AUTOPSY? YES NO CITY OR CITY OR depth occurred on the	20b. IF YE IN CERT Y JURY IN ITEM 18 10WN AFF	ES, WERE FIND IFYING CAUSI ES PART 1 OR PART 71 COUNTY 224 DAT	INGS USED S OF DEAT! NO [
9	WEDICAL MEDICAL	gove rise to improve the couse (a), stoling underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d INJURY OCCUR! WHILE NOT WIND ALL WOOD 22a.1 certify that (I) sow the decease obove (II) welfer 27b. SIGNATURE	which mediate py the isolate py the	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO 19b CONDI 71b TIME O HOUR A.I. P.J. 21e. PLACE ((AT HOME SIR	PAS'A CONSECTION FOR WHICE FINJURY M. MONTH OF INJURY OF INJURY Get deceased from 19 ofter depth M. D.	DUPNICE OF ODEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET 2 19 60 and that in my our opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR TO MEDICAL ST. DIRECTOR PHYS Treet, Elk 23d LOCATION	206. IF YE IN CERT Y JURY IN ITEM 18 TOWN AFF SICIAN ton, M	ES, WERE FIND IFYING CAUSI ES PART 1 OR PART 71 COUNTY 224 DAT	tho (we couses sto



STATE OF MARYLAND

8	REG. N	10	4	2	9	1
DATE	OF DEATH	MONTH	DAY	YEAR	26 HC	UR



054792 HAY

STATE OF MARYLAND

1-	FOR STATE REĞISTRAR	DE		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 / REG. NO	. 1	42	98
(799)	CEASED NAME A FIRST	120 DA	LIAS	BRISCOE	20. DATE OF DEATH	MONTH DAY	S 87	26 HOUR #
1. SE	Male	Black	5. DATE C		68		THS BAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU		D NEVER MARRIED D DIVORCED	9 BAUTIMORE CITY O	R COUNTY OF	DEATH	M
1	TOWN OF DEATH	UNION	VE STREET ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION OF CONTRACT OF A COST OF		126. KIND OF	F BUSINESS OF
13a. S	AL RESIDENCE (IF NURSING HOME OR 136, COUN		OR JOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Vac D	+ RJ.	1901
2	ALDNZO	MIDDLE BRIL	5CDE	5 usie	MIDDLE	Ju	5 hN	SON
	VAS DECEASED EVER IN U.S. AR. (IF YES, GIV	MED FORCES? 166. SOCIA E WAR OR DATES! 214-	165906	Mildred	Maker 5	amp	Q5 0	bove
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause per line for (a), D BY: E CAUSE (a)	Respir	ratory Faile	vre		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	(Parcinous, k	ancreas			
NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	SCITES	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN	IN PART Tro	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN		
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2}	
MED	21d. INJURY OCCURRED MILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
1	22ª 1 certify that (1) (this hospit sow the deceosed alive an abave, (1) (we) (did)/(did na	5/13	19 <u>87</u> , or	d that in(my)(aur) apinior	death occurred an the bo	ate and hour ar	,	that D(we) los couses stated
	226. SIGNATURE Sheelm	than S Saat			MEDICAL STAI		5/2	1/87
	Sheelmo	HAN S	Achde	1 M.D. E	1K 70W	n	d .	2192,
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	P.	OUNTY	RIVA

DHMH - 16 60M 7/84 (VRA 15, 4)

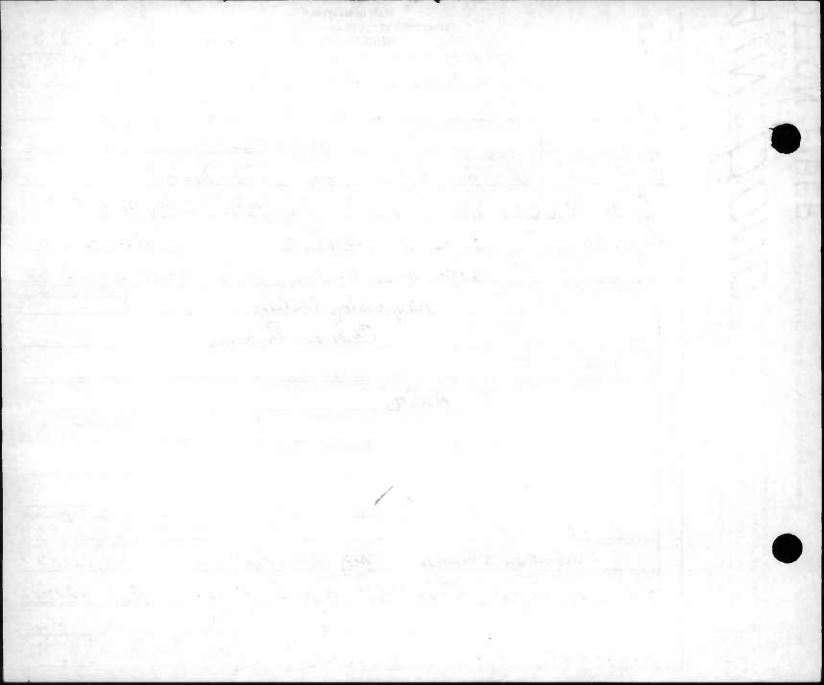
TO FUNERAL DIRECTOR, when this should be detached for use to the bit with the State Dept. of Health and M. MPORTANT, If hem 21 is marked

TO HOSPITAL

N FINERAL DIRECTOR

EJEN Cem.

MAY 2 7 1987



death certificate be executed within 24 hours ofter

the Turnial director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

FOR STATE REGISTRAR			FHEALTH AND MENTAL HYG IFICATE OF DEATH	GIENE 8 7	. 14	2 9	9
1 DECEASED NAME FIRST	_ A	NDOLE	LAST	20. DATE OF DEATH	MONTH OAY	YEAR 26 HO	UR
Audrey		M. Bro	oks	Ma	y 10 1	987	M
3. SEX	4 RACE		E OF BIRTH NTH DAY YEAR	6. AGE IN YEARS LAST BIR	THOAY) IF UNDER	DAYS HOURS	FR 24 HRS
Female	White	Ju		70	YRS.		74,144
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
Oregon	U.S.A.		WED DIVORCED	Ceci	1 Countu		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON TEL Y	KIND OF BUSIN	VESS OR
Elkton		ood Nursing	Center	Beautician		J31K1	
USUAL RESIDENCE IN NURSING HOME CO.		GIVE RESIDENCE BEFORE ADMISSIO	1 136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland Ced		Elkton	YES X NO.	100 Laurel		21	921
14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA			LAST	
William	MIDDLE	St. Peter	Belia	MIDDLE	Sm	ith	
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRE	SS		
Yes NOORUNKNOWN) (IF YES. 9	WE WAR OR OATEST	479 18 4569	Linda L. Por	ter 16 Darl	ise Court	. Elkto	n . Md .
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF	Promato)	PORTENOS	7-	Day YEN	FOR DEATH TEL
PART 2 OTHER SIGNIFICANT CIRCLESSIS 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	x- L	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM AS HD ION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C.	FINDINGS USE	TH?
210 ACCIDENT WAS UNDERLYING	216. TIME O		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OFF	ART 2)	
	CAIN	M. MONTH DAY YEA M. 19					
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE C		21f LOCATION	CITY OR TO	WN COU	INTY	STATE
220.1 certify that (1) this hasp saw the deceased alive a above, (1) (we) (did) (did n	n	8 1987	ond that in (my) (our) apinion	, to	107. 19	the couses s	(we) lost tated
22b. SIGNATURE	mod		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		DATE SIGNED	187
LI NIJOD	PIW 1	10	721 BRIDE	E ST. E.	iko), n	10 21	921
230 BURIAL, CREMATION, REMOVA	L 236 DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNT	γ	STATE
Entombment	5/12/8	7 Gracela		rk Wilm.	New Ca		e.
24. FUNERAL DIRECTOR				E REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and complicational detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or 11 the 18 from that injury, or other traumatic event, the medical states.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

BP.



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3-4-PM 15	1
53591	1
6 95	1

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO		4	J	U
ATEO	CDEATH	A CONTRACT	DAY	VE 40	01

	CEASED NAME FIRST	MIDDLE	t.	ASI	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOU	R
(TYP	EORPRINTI CIEVE/	AND W.	(CARTER	mi	4 10	.1987		N
3, 58	X	RACE	5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER	
	MAIE	BLACK	NOU	1.21, ATL	75	YRS	ONINS DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARDEIE	EVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
	COUNTRY	0.5.A	WIDOWE			C+/			ME
1	EIKTONI	NAME OF HOSPITAL, NURSIN	ADDRESS)	1EM.	(TYPE OF WORK FOR MOSTO	EWORKING WE	126 KIND C INDUSTRY	F BUSINE	SS OR
130	RESIDENCE LIF NURSING HOME OR OTH	13t CITY OR TOW		134 INSIDE CITY LIMITS?	13. STREET PODRESS	ZIP SODE	21	63	35
7	ATHER'S NAME ZEK	BICARTE	~	15. MOTHER'S MAIDEN N	RENEDIE		U W	15	
	WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W		RITY NO.	MRSCLE	JAIA- ZONG	sour.	Ten		
3	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE OF	BY:	A 6	Cibrillation			APPROX BETWEEN	MATE INTER	DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) Coroseoue	NCE OF	Avtery D	,38068				
NO	PART 2 OTHER SIGNIFICANT COIL	MONTHS CONTRIBUTING TO E	Left	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO		WERE FINDING CAUSES		H3
100004	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUS	EY IN ITEM IB PAR	RT I OR PART 2)		
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	S	TATE
	saw the deceased alive an above, (1) (the hoints)	10 may 8/ 19	Ap m	nd that in (my) (gar) opinia	L .			that (l) (v	
	22b. SIGNATURE			DEGREE ATTENDING	ΔΑΕDICAL STAF	FF	220 DATE	SIGNED	. 0
19		Wentser m	P	PHYSICIAN	DIRECTOR PHYSIC		11 W	racy ;	81
743	22d. PHYSICIAN'S NAME (TYPE OR PE			22e ADDRESS	DELL NO		400	-	
	Wallace Oher	achain M.D		Rf 213	South Caci	Iton	MA 21	013	

DHMH - 16 60M 7/84 (VRA 15, 4)

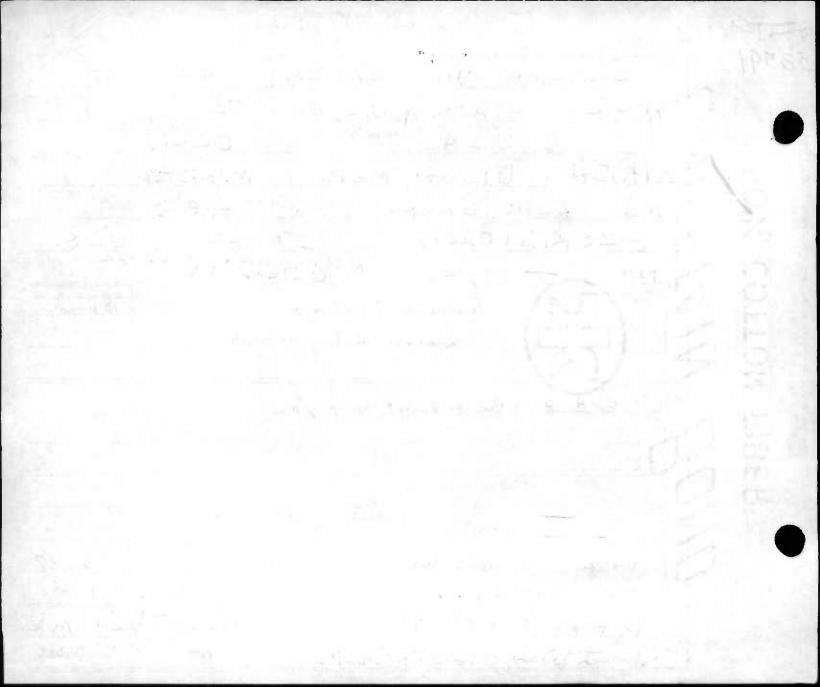
PORTANT

230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

130 NAME OF CEMETERY OF CREMATORY

chesterlowned.

MAY 1 2 1987



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		m 3	17%	- 1
1	4	3	0	
- 6				

1	REGISTRAR						RE	G. NO.		
	CEASED NAME	FRANK	M	J.	- (4	CATALDI	2a DATE OF DEA	1987	DAY YEAR	26 HOUR 6:15ar
0 0	71			J.	Trains o		6 AGE (IN YEARS LA		IF UNDER 1 YEA	
3 SEX	K	4. 1	RACE		5 DATE O	DAY YEAR	AGE (IN TEAKS I	SI BRINDAT)	MONTHS DAYS	W GINDEN SOL
1	Male		Whit		Aug.	15, 1918		8 YRS		
, (RTHPLACE (STATE	OR FOREIGN 76	USA	VHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED	BALTIMORE CI	Coun_		
10 CI	TY ORTOWN OF		NAME OF H	OSPITAL, NURSIN TRACILITY, GIVE STREET CET	IG HOME O	ROTHER INSTITUTION	12a USUAL OCCU	PATION	12b KIND	OF BUSINESS
13a. S Pe	AL RESIDENCE IF NOTATE	Mont		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Dresher	'N	13d INSIDE CITY LIMITS? YEST NO [13e STREET ADDR			025
A FA	Joseph	MID	Cat	aldi	511	Madelien	e	Pen	ecale	AST
{Y	VAS DECEASED EV YES, NO OR UNKNOWN! Yes	ER IN U.S. ARME (IF YES, GIVE W WW 1 1		166 SOCIAL SECU 166-18-1		John Subact		odress irk's	Pa 19 Lane, D	025 reshei
	Conditions, if a gave rise to couse (a), sto	immediate	DUE TO, OR	AS A CONSEQUE	ENCE OF	urmonary				
ATION	gove rise to couse (o), strunderlying co	iny, which immediate ating the use last.	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR	CONDITION (
TIFICATION	gove rise to couse (a), str underlying co	iny, which immediate ating the use last.	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO D	ENCE OF			CONDITION C	GIVEN IN PART YES, WERE FING THEYING CAUSE YES	INGS USED
CAL CERTIFICATION	gove rise to couse (o), strunderlying co	inny, which immediate ating the use last. IGNIFICANT COLORATION RATION UNDERLYING CAUSE OF DEATH	DUE TO, OR (b) DUE TO, OR (c) NOTITIONS CO 19b. CONDITIONS 21b. TIME OF	R AS A CONSEQUE PAS A CONSEQUE TO STRIBUTING TO STATE	ENCE OF DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR 200 AUTOPSY? YES NO	CONDITION C	YES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to couse (o), strunderlying co PART 2 OTHERS 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTEY A 21d INJURY OF A 2	iny, which immediate ating the use last. IGNIFICANT COLOR RATION UNDERLYING	DUE TO, OR (b) DUE TO, OR (c) NOITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.A. 21b. PLACE C	R AS A CONSEQUE PAS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TER/	200 AUTOPSY? YES NO RRED (ENTER NATURE O	CONDITION C	YES, WERE FIND TIFYING CAUSE YES [NGS USED S OF DEATH? NO
	gove rise to couse (0), working couse (1), working country in the	INV, which immediate ating the use last. IGNIFICANT COLOR ATTON UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) URRED UMRED (MITTHIS CAUSE OF COLOR ATTON AND CAUSE OF CAUSE	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.A. 21e. PLACE C (AT HOME STRI	R AS A CONSEQUE R AS A CONSEQUE THE PROPERTY OF THE PROPERTY	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED 21c HOW INJURY OCCUP 211 LOCATION STREET 221 LOCATION STREET 221 LOCATION STREET	VINAL DISEASE OR 280 AUTOPSY? YES NO. RRED LENTER NATURE C	20b. IF YIN CER	YES, WERE FIND CAUSE YES 18 PART 1 OR PART 21 COUNTY 19.87	STATE
	gove rise to couse (0), with the couse (1), and the	INNER CANTER DEPTH OF THE PROPERTY OF THE PROP	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRI	R AS A CONSEQUE R AS A CONSEQUE THE PROPERTY OF THE PROPERTY	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED 21c HOW INJURY OCCUP 211 LOCATION STREET DOT 19 19 7 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	VINAL DISEASE OR 280 AUTOPSY? YES NO. RRED LENTER NATURE C	20b. IF NIN CER OR TOWN STAFF	YES, WERE FIND TIFYING CAUSE YES 18 PART 1 OR PART 21 COUNTY 19 87 TOUT ONG from th	NOS USED SOF DEATH?
	gove rise to couse (o), strunderlying co PART 2 OTHERS 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTION (IF ETHER NOTIFY AT WORK A	INNER CANTER DEPTH OF THE PROPERTY OF THE PROP	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 21b. TIME OF HOUR A.A. 21e PLACE C (AT HOME STRI	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE F C deceosed from 1	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED 211 LOCATION STREET OCT 19 19 7 d that in (my) (our) opinion DEGREE ATTENDING	YES NO RED (ENTER NATURE C THE MANY HED COLUMN MEDICAL DIRECTOR PI	20b. IF YIN CER OR TOWN STAFF HYSICIAN STAFF	YES, WERE FIND TIFYING CAUSE YES 18 PART 1 OR PART 21 COUNTY 19 87 TOUT ONG from th 22c. DAI 5-5	STATE COURSE STATE OF DEATH?
MEDICAL	gove rise to couse (o), strunderlying co PART 2 OTHERS 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTION (IF ETHER NOTIFY AT WORK A	INNY, which immediate ating the use last underlying last underlying last use last examiner) underlying last underlying last use l	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO 21b. TIME OF HOUR A.A. 21e PLACE C (AT HOME STRI	R AS A CONSEQUE R AS A CONSEQUE THE PROPERTY OF THE PROPERTY	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED 21c HOW INJURY OCCUP 211 LOCATION STREET DOT 19 19 7 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE C THE MANY HED COLUMN MEDICAL DIRECTOR PI	20b. IF Y IN CER OR TOWN STAFF HYSICIAN Perry	YES, WERE FIND TIFYING CAUSE YES 18 PART 1 OR PART 21 COUNTY 19 87 TOUT ONG from th 22c. DAI 5-5	STATE COURSE STATE OF DEATH?

-16/60M-7/84

TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the proof the detrocked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be thied the time start dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN. The law requires that the death certificate be

or attending physician.

(VRA 15, 4)

Penna. Mony. Dresher x

Joseph Cataldi Mi

Yes WW11]

John

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Section 19 Section 19

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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8	1		1
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75	DEC NO		

						3:
NE 8	REG. NO		4	3	0	2
20 DATE	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
MAY	3	1987			12:	50.Au
AGE (N YEARS LAST BIRT	THDAY)	MONTHS	DAYS	IF UNDE	R 74 HR
	69	YRS.				
BALTIN	ORE CITY O	R COUNT	Y OF DE	ATH		
	Cecil					MD.
	ORK FOR MOST O		12b	KIND O	F BUSIN	IESS OR
	e Opera			etal		
	T ADDRESS /			oad	2	1132
E	WIDDLE			LAS	,	
ra	MIODIE	T	aylo			
	ADDRE	SS				
oheer	n, Ster	varts	town	,PA	173	63
			8	APPROXI	MATE INTI ONSET AN	RVAL D DEATH
				- 3		
VAL DISE	ASE OR CON	DITION GI	VEN IN I	PART 1:0		
200 AU	TOPSY?		S, WERE			
YES [NOX		ES [AUSES	NO	
D (ENTER	NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
	CITY OR TO	WN	(0	UNTY		STATE
to M	AY 3		. 19_8	7	that (I)	(we) lost
eath occu	rred on the de	ote and ha	ur and h	om the	couses s	toted
MEDICA	AL STAI		22	DATE	3/	7
- 1112		1		1	-	

FOR - STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

FIRST MIDDLE FRANK

4 RACE

J

LAST CAUDILL 5. DATE OF BIRTH

Jan. 25.

MONTH

MAY AGE (IN YEARS LAST

Lathe Ope

page 3 ector rrs aft

Pog

removal.

0

ā has

00

Hem

 \pm old be deta

MPORTANT:

as the burial-transit per th and Mental Hygiene

3. SEX Male TO BIRTHPLACE ISTATE OF FOREIGN North Carolina & CITY OR TOWN OF DEATH

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN

White

Th CITIZEN OF WHAT COUNTRY?

WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VA MEDICAL CENTER

13d. INSIDE CITY LIMITS?

MARRIED NEVER MARRIED

1918

DIVORCED X

NO X

15 MOTHER'S MAIDEN NAME

Flora

Maryland 4 FATHER'S NAME FIRST S.

Yes

CERTIFICATION

MEDICAL

PERRY POINT MD

MIDDLE Caudill Μ. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

1939 - 1960

Marford

166 SOCIAL SECURITY NO 215 16 5230

Pvlesville

LAST

17 INFORMANT

YES []

Shirley R. Goheen, St.

PART I. DEATH WAS CAUSED BY Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating

underlying couse

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 21c HOW INJURY OCCURRED (ENTER NATURE OF I

and that in (my) (our) apinion death occurred on the

ATTENDING

27a I certify that (1) (this haspital) attended the deceased from

190 DATE OF OPERATION

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

sow the deceased alive on MAY 3 obove, (1) (we) (did) (did not) view the body after death

DEGREE

APKIL

MEDICAL PHYSICIAN DIRECTOR PHY

23d LOCATION

CITY OR TOWN

MICHAEL TAYLOR 22e ADDRESS VA MEDICAL CENTER

211 LOCATION

PERRY POINT

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR.

230 BURIAL, CREMATION, REMOVAL 236 DATE Buria.

1987

Air Memorial Gdns

23c NAME OF CEMETERY OR CREMATORY

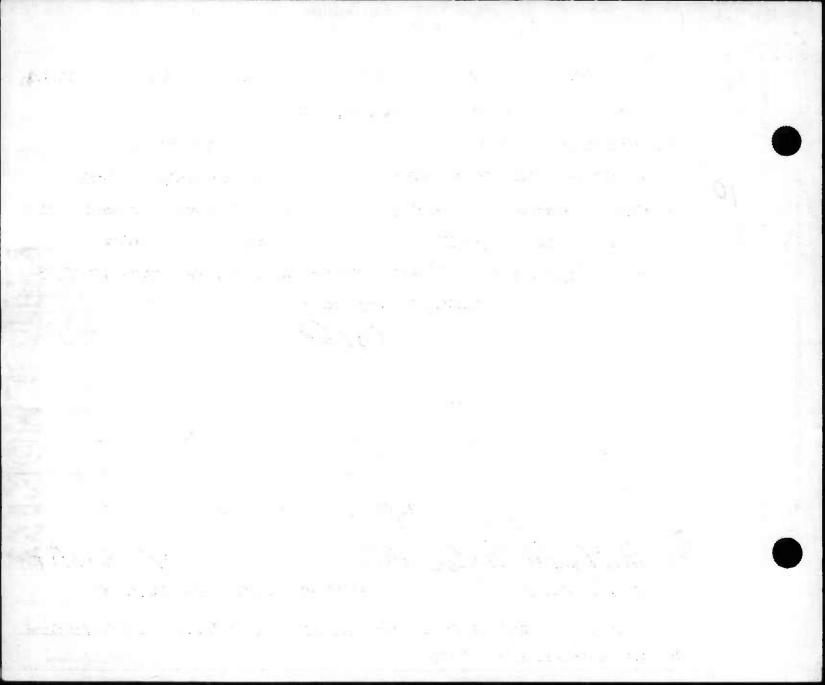
Bel Air Harford Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Distiluon- Randasse

24 FUNERAL DIRECTOR

HARKINS FUNERAL HOME INC

DELTA PA



requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician

066227	FOR STATE REGIST
	1 DECEASED

shoold be filed within 72 hours ofter death etely filled in by the funeral director

TPAP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	No. Oct.			- 5	63	
Ö	1	1	4	3	U	
	REG. NO					

	CEASED NAME FIRST					To our or or or and	-		The second
(TYPE			MIDDLE	L	AST		MONTH	DAY YEAR	26 HOUR
	K1	chard A.	Clark			May 2	8, 19	987	7:15
3 SE	X	4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
	2607 -	777	-1-	MONTH		25		MONTHS DAYS	HOURS
70 R	Male	Bla 25 CITIZENI	OF WHAT COUNTRY?	8 -	11 - 11	9 BALTIMORE CITY C	YRS.	TY OF DEATH	
	COUNTRY)	1/8 CITIZEIN	or what cookin:	MARRIE	NEVER MARRIED .			OFBEATR	0
	Virginia	П		WIDOWE		Perryv		Bold	1
10 C	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET A		R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS
Da	rry Point		Point Vet		Hospital	Retired			
JJ5U	STATE 136 CI	ME OR OTHER INSTITUTION OUNTY	mer !		13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS BOX 205	Z198	2	
14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA	_			
	Charlie	WIDDLE	Clark		Mary	WIDDLE		TA TA	
160 \	WAS DECEASED EVER IN U.S	APMED FORCES		PITY NO	17 INFORMANT	ADDR	SS	Har	11.8
	(YES, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES				Point, Mar	377 000	4	
	Yes X	30 2	227 07 1	030	vario, rerry	TOTIL, Mar	yrand		
	18 CAUSE OF DEATH (Ente		per line for (a), (b), and	ici i				BETWEEN	ONSET AND DE
	PART I DEATH WAS CA	DIATE CAUSE (o).	Respi	rator	y arrest				
	The same		OR AS A CONSEQUE	NCE OF	of	-1			
	Conditions, if any, which		Carci	nowa	of rectum wit	in_metastasi	.S		
	couse (a), stating the	000.00	OR AS A CONSEQUE	NCE OF				11	
	underlying cause last	000.00			conchitis				
	underlying cause last	1 (c)	Chron	ic br	onchitis	ainal disease or con	DITIONG	IVEN IN PART 1	10
NO	underlying cause last	1 (c)	Chron	ic br		AINAL DISEASE OR CON	DITION G	IVEN IN PART 1	10
CATION	underlying cause last	(c)	Chron	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF Y	ES, WERE FINDI	NGS USED
IFICATION	underlying cause lost PART 2 OTHER SIGNIFICA	(c)	Chron	EATH BUT	NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF Y	ES, WERE FIND	NGS USED
ERTIFICATION	PART 2 OTHER SIGNIFICA	(c), ANT CONDITIONS	Chron	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USED S OF DEATH
L CERTIFICATION	underlying cause lost PART 2 OTHER SIGNIFICA	(c), (c), (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	Chron CONTRIBUTING TO D NDITION FOR WHICH I	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USED S OF DEATH
	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(c), (NT CONDITIONS 196 COI G	Chron CONTRIBUTING TO D NDITION FOR WHICH I E OF INJURY A.M. MONTH DA P.M.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USED S OF DEATH
	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING COURTED	(c), INT CONDITIONS 19b COI GG 21b TIM HOUR MINER) 21e PLA	Chron CONTRIBUTING TO D NDITION FOR WHICH I	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FINDI	INGS USED S OF DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(c), INT CONDITIONS 19b COI GG 21b TIM HOUR MINER) 21e PLA	Chron CONTRIBUTING TO D NDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION	200 AUTOPSY? YES NOTER NATURE OF INJU	20b. IF Y IN CERT	ES, WERE FIND FIFYING CAUSE YES 3 PART 1 OR PART 2)	INGS USED S OF DEATH NO
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	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSED OF EITHER NOTIFY MEDICAL EXAMINATION OF COURSE OF EITHER NOTIFY MEDICAL EXAMINATION OF COURSE OF	(c), INT CONDITIONS 196 COI 196 COI 216 TIM HOUR MINER) 21e PLAI (A1 HOME	Chron CONTRIBUTING TO D NDITION FOR WHICH I E OF INJURY A.M. MONTH DA P.M. STREEL FACTORY OFFICE FA	OPERATION Y YEAR 19 ARM.EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION 211 LOCATION STREET 10-10-, 19-86 ad that in XING) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO 10 5-2 death occurred on the d	20b. IF Y IN CERT IN CERT IN CERT IN THE MILE IN THE M	ES, WERE FIND IFYING CAUSE YES 3 PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH NO
	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHITE AT WORK AT WORK 220. I certify that X (this h saw the deceased alivabove, X (we) (did) X 226. SIGNATURE	(c), (NT CONDITIONS 196 COI 196 COI 216 TIM HOUR MINER) 216 PLA (AT HOME) hospital) attended	Chron CONTRIBUTING TO D NDITION FOR WHICH I E OF INJURY A.M. MONTH DA P.M. STREEL FACTORY OFFICE FA	OPERATION Y YEAR 19 ARM.EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 10-10- 19-86 ad that interms (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO to 5-2 death accurred on the d	20b. IF Y IN CERT IN CERT IN CERT IN THE MILE IN THE M	ES, WERE FIND IFYING CAUSE YES 3 PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH NO []
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	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHITE AT WORK AT WORK 220. I certify that X (this h saw the deceased alivabove, X (we) (did) X 226. SIGNATURE	(c), INT CONDITIONS 196 COI 196 COI 197 COI 198 COI	Chron CONTRIBUTING TO D NDITION FOR WHICH I E OF INJURY A.M. MONTH DA P.M. STREEL FACTORY OFFICE FA	OPERATION Y YEAR 19 ARM.EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 10-10 19-86 ad that in xing) (our) apraion DEGREE ATTENDING PHYSICIAN [222 ADDRESS	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO 10 5-2 death occurred on the d	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSE YES 3 PART 1 OR PART 2) COUNTY 19 87 puri and from the	NGS USED S OF DEATH NO []
WEDICAL	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSED (IF EITHER NOTHY MEDICAL EXAL 21d. INJURY OCCURRED AT WORK AT WORK 220. I certify that (X (this h sow the deceased alive) obove, (X (we) (did) (X 22b. SIGNATURE 22d PHYSICIAN'S NAME (T PREM LAI BURIAL CREMATION REMO	(c), INT CONDITIONS 19b COI	Chron CONTRIBUTING TO D NOTION FOR WHICH IS E OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREEL FACTORY OFFICE FA I the deceosed from 5-28-198 ady after death.	OPERATION AY YEAR 19 ARM, EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 10-10- 19-86 ad that in the interval (our) opinion DEGREE PHYSICIAN [222e ADDRESS VAMC, Perry	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO to 5-2 death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSE YES 3 PART 1 OR PART 2) COUNTY 19 87 puri and from the	NGS USED S OF DEATH NO []
WEDICAL	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CONTRIBU	(c), INT CONDITIONS 19b COI 19b COI 21b TIM HOUR (A1 HOME) 10c PLA' (A1 HOME) 10c	Chron CONTRIBUTING TO D NOTION FOR WHICH IS E OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET FACTORY OFFICE FA 3 the deceased from 5-28-19 8 ady after death.	OPERATION APPLICATION APPLICA	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 10-10 19-86 ad that in xing) (our) apraion DEGREE ATTENDING PHYSICIAN [222 ADDRESS	200 AUTOPSY? YES NOTE NOTE NOTE CITY OR TO TO 5-2 death accurred on the d MEDICAL PHYSIC POINT, MAT	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSE YES 3 PART 1 OR PART 2) COUNTY 19 87 puri and from the	NGS USED S OF DEATH NO []

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

(VRA 15, 4)

BP.

exect P.Obet 325 Farmville, va. JUNO

Dividen Rudal 1981 D 0 1981

The Mills FACE F The control the party of the control of the

1. DECEASED NAME

Female

Pennsylvania

10 CITY OR TOWN OF DEATH

TO BIRTHPLACE (STATE OF FOREIGN

(TYPE OR PRINT)

3. SEX

page 3

physici

2 à

hed for use as the bursal-transit per eat, of Health and Mental Hygiene

should be detached for use as FUNERAL DIRECTOR

or Item 18 sho

If Hem 21 is

IMPORTANT:

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

NAME Hicks

FIRST

Pearl

4. RACE

White

76 CITIZEN OF WHAT COUNTRY?

5/14/87

Home for Funerals

STATE OF MARYLAND

	WIDDLE	17	AST		20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
	N.	Cla	rke		Ma	y 11,	1987	2:40 _{pM}
ACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTH	-	UNDER I YEAR	HOURS MIN.
White		June	8	1907	79	YRS		
ITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER	MARRIED	9 BALTIMORE CITY OR	COUNTYO	FDEATH	
U.S.	Α.	WIDOWE	DX D	IVORCED	Cecil Coun	ty		MD.
(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET WOOD NURS:	ADDRESS)		NOITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker		126 KIND O INDUSTRY	F BUSINESS OR
R INSTITUTION	13c. CITY OR TOW Elkton	N	13d INSIDE (NO 13	13e STREET ADDRESS / 133 Blair S		d., E	lkton, Md
	13c. CITY OR TOW	N	YES 🗌	NO X	133 Blair S	hore R	d., El	1
i.1	Elkton Mechin	N 1 RITY NO.	YES	NO X	133 Blair S	hore R	hwart	ī Z

Phila.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

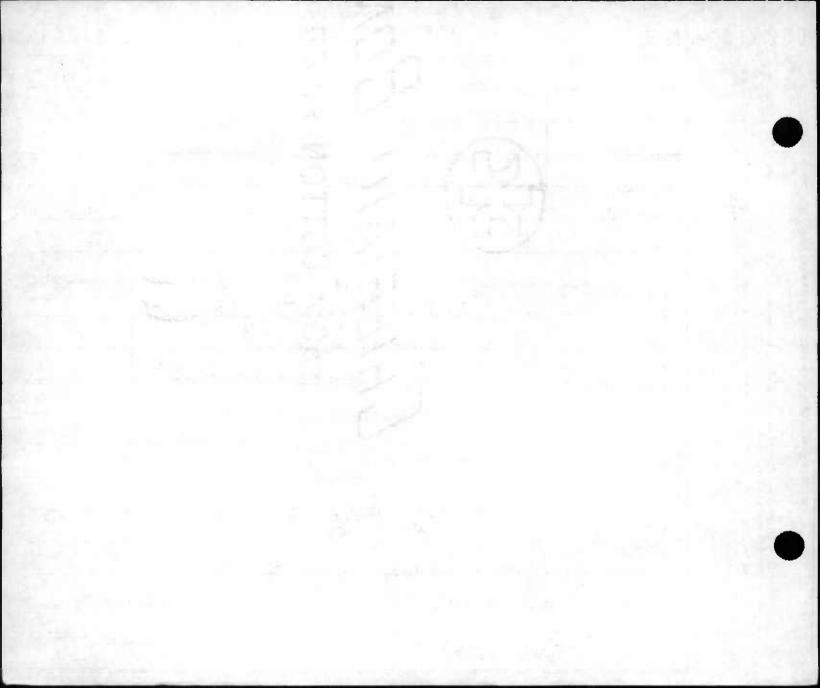
Pa.

Elkton		Lau	relwood N	ursing C	enter	Homemaker						
Blu.		ng home or other institution, give residence before admission) 13b COUNTY 13c. CITY OR TOWN Cecil Elkton			13d INSIDE CITY LIMITS? YES NO 🔀		130 STREET ADDRESS / ZIP CODE 133 Blair Shore Rd., Ell					
14 FATHER'S NAME FIRST Thomas		MIDDI E	Mechi	ast n	15. MOTHER'S MAIDEN N	MIDDLE	Sc	Schwartz				
	WAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARMED FO (IF YES, GIVE WAR OI	R DATES)	10 3313	Marie Bishe	ADDR 1, 133 Blair		Rd., Elkton,				
	18 CAUSE OF DEATH PART I. DEATH WA		(,	(b), and ici.)	Region D	my Can	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, gove rise to imm	which ediote	JE TO, OR AS A CON	Ine	unnin	, 1						
	couse (o), stoting the underlying couse last. DUE TO, OR AS CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0											
NOI	PART 2. OTHER SIGN	IFICANT CONDIT	TIONS CONTRIBUTIN	NG TO DEATH BU	T NOT RELATED TO THE TE		IDITION GIVEN	IN PART Iro				
CERTIFICATION	190 DATE OF OPERAT	ION 19	CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?				
A P	210 ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF THE	AUSE OF DEATH	D. TIME OF INJURY IOUR A.M. MON' P.M.	TH DAY YEAR		JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	1 OR PART 2)				
MEDIC	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	IE (A	PLACE OF INJURY THOME STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY STATE				
	220. I certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19											
	22% SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D											
	Dr. Jose		nzi, M.D.	0	721 Bridge	Street, Elk	ton, Md	. 21921				
	BURIAL, CREMATION, F	REMOVAL 23b.	DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		OUNTY STATE				

Forest Hills Cemetery

Elkton, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



053

linctor page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEAT	Н	8 7	。	4 3	O	6			
1 DECEASED NAME	FIRS1	MIDDLE	ε (AST		O DATE OF DEATH	MONTH	DAY YEAR	26 HO				
(TYPE OR PRINT)	GEORG	E Fr	ancis D	ARNELL, I	III	May 4, 1	987		11:	55am			
3 SEX	4 RACE		5. DATE C	OF BIRTH	EAR 6	. AGE (IN YEARS LAST BI	THDAY)	MONTHS DATS	HOURS	R 24 HRS			
Male	Cau	casian	May			56	YRS			1			
To BIRTHPLACE (STATE OR	OREIGN 76 CITIZEN	OF WHAT COU	NTRY? 8	NEVER MARRI		BALTIMORE CITY	R COUNT	Y OF DEATH					
Virginia	Unite	ed Stat	es WIDOWE			Cecil County MD.							
10 CITY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTE		20 USUAL OCCUPAT		126 KIND C	F BUSIN	ESS OR			
Perry Point		Medical			- 1	Programmer Computer							
USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTIT			THE PLANE OF CITY AND	rca li	. CIDET ADDRES	/ 710 COS						
Maryland .	Montgome:	cv Chev	vChase	YES NO		3. STREET ADDRESS 4700 Bra	dlev	Blvd/	2081	15			
A FATHER'S NAME		15 MOTHER'S MAIDEN NAME											
George	F. D	arnell	, II	Sallie		P. MIDOLE		Womac	T				
160 WAS DECEASED EVER			L SECURITY NO.	17 INFORMANT		ADDR	558172	39th 1	-	7.0			
Yes, no or unknown)	Korea	226-	-34-0729 ^A	Charles	N.		Colma		nor				
								APPROX	MATE INTE	ERVAL			
PART I. DEATH W	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:												
	IMMEDIATE CAUSE (0) Cardio pulmonary arrest												
	DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which (b)												
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
underlying cause	underlying cause lost.												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
O C													
190 DATE OF OPERA	TION 196 C								WERE FINDINGS USED NG CAUSES OF DEATH?				
JE I						YES NOW	ES						
190 DATE OF OPERA		ME OF INJURY	UL DAY VEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN I	IRY IN ITEM IS	PART I OR PART 21					
OR CONTRIBUTION	LAUSE OF DEATH	P.M.	H DAY YEAR	1									
(IF EITHER NOTIFY MEDI		LACE OF INJURY	19	211 LOCATION									
WHILE NOT W	(AT HO	ME STREET FACTORY	OFFICE FARM ETC 1	STREET		CITY OR TO)WN	COUNTY		STATE			
AT WORK AT WO	RK	1.16	from Marc	22 2	87	May	4	10 87	&XXX	VXXXX			
278 I certify that (2	Ital certify that (IX(this hospital) offended the deceosed from												
above, (I) (we) (The decorate of the decorated on the date and hour of above, (I) (we) (did) (did nat) view the body after death.												
226. SIGNATURE	1.	1100	/	DEGREE ATTENDING MEDICAL STAFF					5-7-87				
	PHYSICIAN DIRECTOR PHYSICIAN												
22d PHYSICIAN'S N	224 PHYSICIAN'S NAME AND A STATE OF THE PHYSICIAN AND A STATE OF THE												
ABID MO	HIUDDIN, M	I.D.		VA M	1edica	al Center,	Perr	y Point	, Md	•			
230 BURIAL, CREMATION,	REMOVAL 236 DA	TE May 8	23c NAME OF C	EMETERY OR CREM.	ATORY	23d LOCATION							
Crematic	n 19	87	Metrop	olitan C	rem.	Alexand	ria	Virai	nia	STATE			
24 FLINERAL DIRECTOR			Funer	al Home		REC'D BY REGISTRA	ZSb REGI	TRARIS SIGNA	LIRE	0. 1			
Bethresda-(Chevy Cha	umphrey se, Ind	TORE SS	'	MAY	12 1987	الامرافيات ا	AUTADON-N	- Production				
7557 Wisco	nsin Ave	Bethe	sda MD	ZU814									

DHMH - 16 60M 7/B4 (VRA 15, 4)

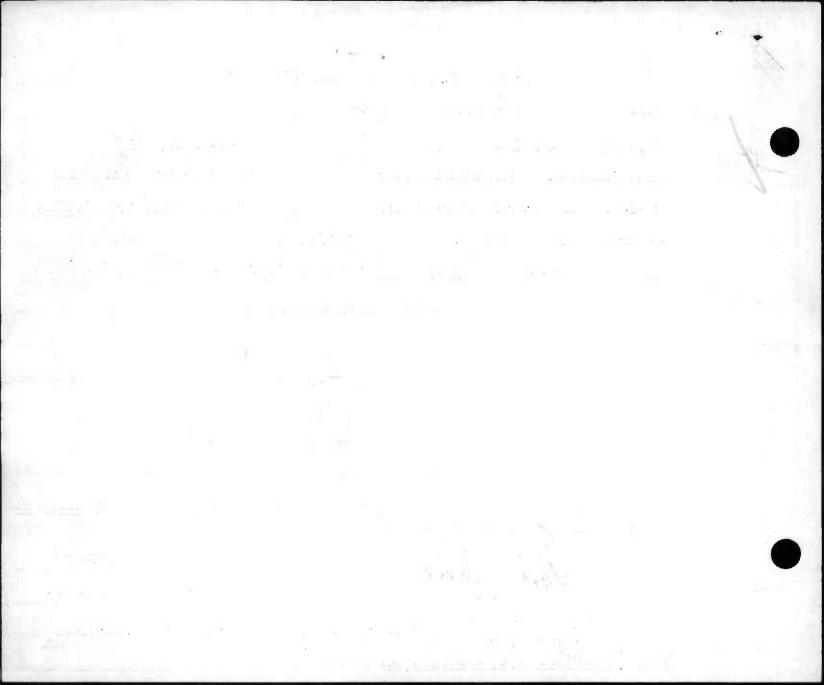
BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT; If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

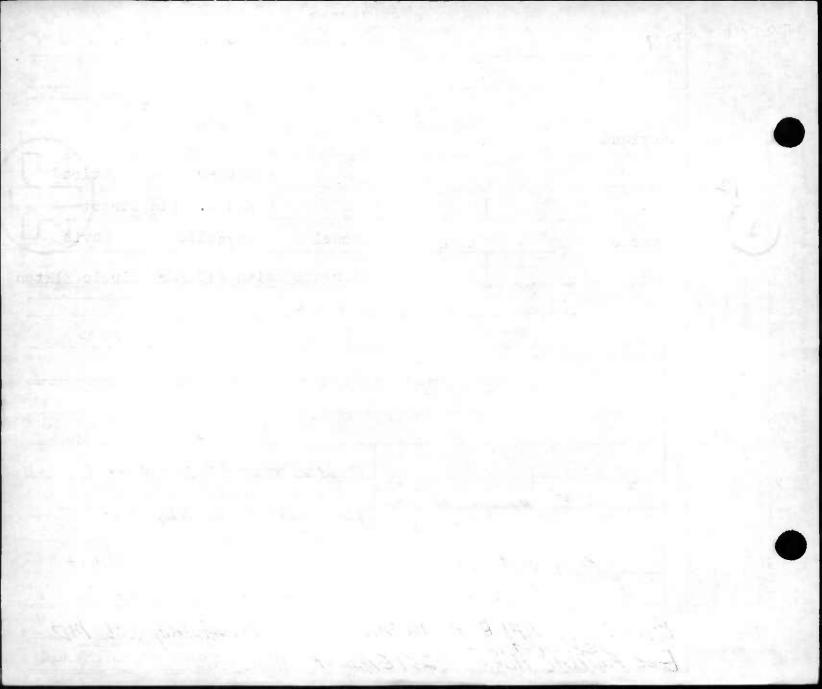
FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	1	4	3	0	1
	REG. NO.					_

3743 HAY	19	FOR STATE RBGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 1 4 3 0 /									
by be oge 3 death		CEASED NAME FIRST	Ξ Ι	MIDDLE E.	į.	DEAN	20 DATE OF DEATH MONT 5-14-87	H DAY YEAR 25 HOUR 00522				
may ther. pog	3. SE	× FEMALE	4 RACE WHI	4 RACE WHITE		15-96	6 AGE (IN YEARS LAST BIRTHDAY) 91: YR.					
135		RTHPLACE (STATE OR FOREIGN	U . S	S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR CO CECIL	UNTY OF DEATH				
16/		ELKTON	UNIO	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI UNION HOSPITAL			Teacher	RING LIFE) 126 KIND OF BUSINESS OF RETIRED				
- KINS	13a.		OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO []	130. SZRZEYADDRESS WZ	fM Street 2/9				
3		ather's NAME George	MIDDLE	Dean Tibb SOCIAL SECU		Rache T	Reynolds	Davis				
be execu-		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	rk Circle Elkt									
eoth certificative corporations of corporation		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)										
ores that the de gned by the ott or please remove burial, crematio rry, ar other trau	2	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	ON GIVEN IN PART TO									
he low requor. has been sit permit. The tene prior to the saws any inju	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO							
SICIAN. The ng physicic certificate oriol-transit frem 18 she	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	P.M.	19	Pt. Leoloped cy	EB ENTERNATURE OF INJURY IN IT	EM 18 PART I ORPART ?				
NG PHY offer this os the but thond M	MED	21d INJURY OCCURRED WHILE AT WORK AT WORK	Nurse.	TREET FACTORY OFFICE, I	Havens		CITY OR TOWN	COUNTY STATE				
ATTENDI Spitol on CTOR: A I for use		22a I certify that (I) (this ho saw the deceased alive abave, (I) (we) (did) (did	on	5/14/19	\$7 , or	d that in (my) (our) apinion of	deoth occurred on the date or	nd hour and from the couses stated				
TAL OR A the how the how the how detached tote Dept.		22b. SIGNATURE	220 DATE SIGNED 5/14/87									
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:		Henry	Fark	(as, no		Union Hosp	e, of Cecil Co	ounty, Elhton, MP				
BP	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE	18 1897 236	Beth	el el	Chesafoakea	ity ceal mp				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	TEL FUNCTA	Home Hom	ADDRESS	596	MAN ST M	AY 1 8 1987	EGISTRAR'S SIGNATURE				



		1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 1 4 3 0 8										
A.F.	Famo		CEASED NAME FIR	15T	1-1-1-1	MIDDLE	l.	AST	THE ST	20 DATE OF D	EATH MC	ONTH DAY	YEAR	26 HOUR	
05	5.200	-2	Marie			E.	Die	eh1			n	5 24	87	5 • 25 mm	
	4 of 6	3. SE			RACE		5. DATE C	FBIRTH		6 AGE (IN YEAR	S LAST BIRTHD	AY) IF	NDER! YEAR	IF UNDER 24 HRS	
	ctor s off		Female		White		04	26	05		82	YRS	ITHS DAYS	HOURS MIN.	
	2 61		BIRTHPLACE (STATE OR FOREIGN			WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUNTY O			OF DEATH		
	1000	Ва	Baltimore, MD		U.S.A.		WIDOWE	D NEVER	WORCED T	Cecil Cou			ninty MD.		
	10		TY OR TOWN OF DEATH	11.	NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OC	CUPATION	4	176 KIND OF BUSINESS OR		
5	£ 50 CM	Ri	Rising Sun			HEACHITY, GIVE STREET	ursing Home, Inc.						INDUSTRY	I.S.Govt.	
2120	11/201	tisu.	AL RESIDENCE (IF NURSING H	QME OR OTH	ROTHER INSTITUTION GIVE RESIDENCE BEFORE			ADMISSION)							
2	F 30 32 5	1	1000	COUNTY					13e.STREET ADDRESS / ZIP CODE			21001			
YLA	(金加納)方	14. FA	THER'S NAME			7.002000		Production of the Production o	S MAIDEN NA		MIDDLE				
MAR	C - 19/2/		Samuel	MIDE	Herolo			Emr	first Na			Powers			
RE,	77		VAS DECEASED EVER IN U			166 SOCIAL SECU	RITY NO.		tanley	Dichl	ADDRESS		- OVVC		
WO	Pour P	/	YES, NO OR UNKNOWN) (IF	NO NO	AR OR DATES)	220-20-	7605	MIT. 3	231 Red	Toad Ro	d. No:	rth Ea	st. M	21901	
BALTIMORE, MARYLAND 21201	Sicro		18 CAUSE OF DEATH lEnter only one couse per line for iq., (b), and ic: BETWEEN CASE I AND DEATH BETWEEN CASE I AND DEATH BETWEEN CASE I AND DEATH												
F.	phy phy phy phy phy phy phy phy phy phy		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Colonic Carcing Concludes Composition										mo		
N S	ding arba or re		DUE TO, OR AS A CONSEQUENCE OF												
PRESTON	deat ove c fron,	3	Conditions, if any, which ((b)										3/111		
9	the or remo		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
*	that I by sose ol, cr	1	underlying cause last.												
5, 20	gneo gneo en ple burit	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
ORD	requents of The	ě													
REC	low ermit e priid	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	CONDITION FOR WHICH OPERATION W			RMED	200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING						
TAL	The ricion sit p	1			-11 -11 -5 -6			Tai 1101		Led	100	YES [NO 🗌	
	physinitical		21a. ACCIDENT WAS UNDERLY		HOUR A.	M. MONTH DA	Y YEAR	716 HOW IN	IJURY OCCURI	RED (ENTER NATUR	RE OF INJURY II	N ITEM 18 PART	I OR PART 2)		
0	SICI mg p cert vrial	MEDICAL	(IF EITHER NOTIFY MEDICALE)	(AMINER)	P.,		19								
DIVISION OF VITAL RECORDS,	PHy tend the b nd A	WED	21d. IN JURY OCCURRED	7	21e. PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC }	211 LOCATIO			CITY OR TOWN		COUNTY	STATE	
20	After os t		AT WORK				/N	1	Q. /		9.	1.	97		
	D S S S S S S S S S S S S S S S S S S S		220.1 certify that (II (this haspital) attended the deceased from 19 19 6 to 5 - 24 19 that (II (we) large saw the deceased alive on 5 - 24 19 3 ond that in (my) (aur) appinion death occurred on the date and haur and from the causes stated										not (1) (we) last		
	ATT ospir ECT ed fo or of	13	obove, (1) (we) (did) (did not) view the body ofter depth. 276 SIGNATURE DEGREE 276 DATE SIGNED												
	Dep H H		000	94	01			00	ATTENDING _	MEDICAL	STAFF		LA DATE	1-0-5	
	by the state of th	1	224 PHYSICIAN'S NAME	LIVE OF PR	CALLO		£ V	22e ADDRES	PHYSICIAN \$	DIRECTOR	PHYSICIA	ПИ	102	-0.0/	
	950		228. PHYSICIAN'S NAME	1	10			- Market) ,	0	h	1/	0	011	

23¢ NAME OF CEMETERY OR CREMATORY

Baker Cemetery

AND LOCATION

Aberdeen Harford Md
250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S STOWN

STATE

236. DATE

5/27/87

Tarring Funeral Home, P.A. Aberdeen, Md. 21001-3399

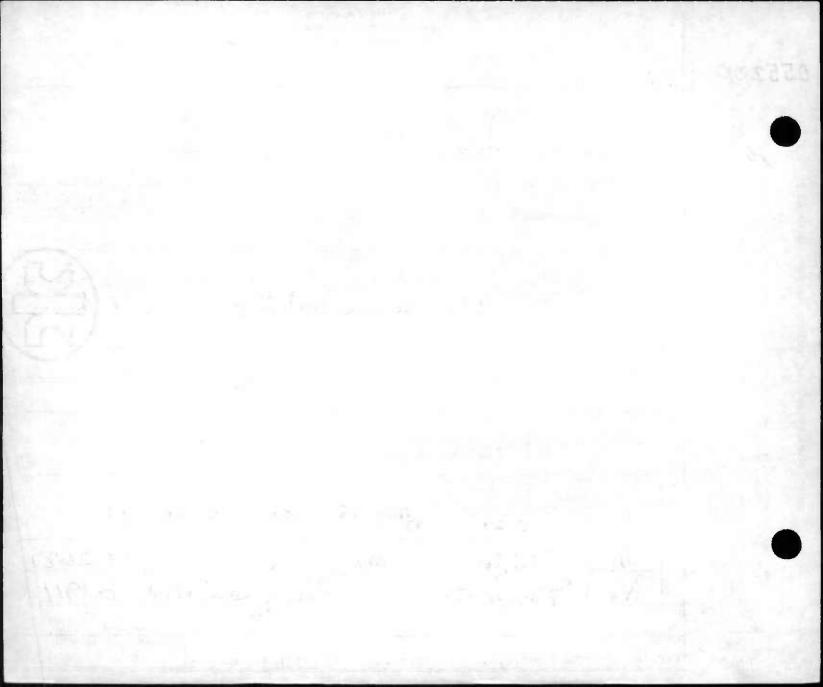
230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR

BP

TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)

					STAT	E OF MARYLAND				
Maria .	1.	FOR		DEPARTA		EALTH AND MENTAL HYG	IENE 87		4 3	0 9
2711	1221	REGISTRAR				ICATE OF DEATH	REG. NO		1 0	4
4		CEASED NAME FIRST		WIDDLE		AST		ONTH DAY		No HOUR
8			MMA	G. E	NGL			5 30	- 4	20:55M
100	3 SE.		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS EAST BIRTH	DAY) IF I		HOURS MIN.
-	5 01	Female	Whit		Dec	. 5, 1895	91	YRS		
354	/a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	FDEATH	
54	10 (TY OR TOWN OF DEATH		SA HOSPITAL NILIPSIN	WIDOWE	DROTHER INSTITUTION	120 USUAL OCCUPATION		the white ar	MD.
5/		Elkton	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OTTER INSTITUTION	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	BUSINESS OR
1	ÜSU.		R OTHER INSTITUTION	Hospital	ADMISSIONI		Homemak	er	Own	Home
4	?	AL RESIDENCE (IF NURSING HOME OF TATE DE	NTY	Wilmingt	•n	13d. INSIDE CITY LIMITS?	2411 Chatl	nam,	19803	999
S	3	THER'S NAME FIRST Richard	MIDDLE	Hardesty		15. MOTHER'S MAIDEN NAME FIRST	AE MIDDLE	?	LAST	
	26c V	VAS DECEASED EVER IN U.S. AI			RITY NO.	17 INFORMANT	ADDRES	S		
13		res, no or unknown) [IF YES, GI	VE WAR OR DATES)	213 34	7153	John Barke	r, Balto.,	MD	21218	3
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:			WARY ARMS	87			SET AND DEATH
60	6	IMMEDIA	TE CAUSE (a)	CHIEL	NUIVIA	WHAT ARMS			Mirka	TEX
owo		Conditions, if ony, which	DUE TO, C	OR AS A CONSEQUE	WHELP	news Stop 15			Han	1
04.0		gave rise to immediate cause (a), stating the	(6)_			7772	,		7 100	
		underlying cause last.	(6).	OR AS A CONSCOUE	MCE OF	was & un	my Tour las	Kees	Dry	.(
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	nal disease or cond	TION GIVEN	IN PART 110	
1	CAT	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W	VERE FINDING	S USED
	TIFE						YES NO	YES [CAUSES O	NO [
0	B	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	DFINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART	I OR PART 21	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		P.M.	19					
0	MED	21d. INJURY OCCURRED		OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	•	WHILE NOT WHILE AT WORK					!	1	(2-2	
		22a.1 certify that (1) (this hosp	ottended th	he deseased from_	8)	3/ / 19 63	, to	300, 19.		at (I) lost
e e			riview the body	offer death.		d that in (my) opinion a	leath occurred on the dot	and hour or	nd fram the ca	uses stated
110		226 SIGNATURI	1			DEGREE ATTENDING	MEDICAL STAFF		220 DATE SI	CONED 2
1			pe			PHYSICIAN 2220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	N 🗆	03/2	2) - 1
/		22d. PHYSICIA IS NAME ITTO					G PLKTOU	100	2192	/
3/	22. 0		CAN 59912	100	14115.05.0	721 75/21066	1.	175	7.70	
1	230 8	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6/2/			n Cemetery	23d LOCATION GITY OR TOWN Balto.,	c	OUNTY	AD STATE
7	24 FL	INERAL DIRECTOR Henry			Sono	CO 250. DATE	REC'D. BY REGISTRAR 2	b. REGISTRA		
A 7/84		5 York Pond				10	IN 2 1987	1	-	Pandale

C. EM P. S. E.

15 218 24 7138 John Sanser, Erito., WD 212138

A.W.

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in by the funeral director page 3 perfeled within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENE 8 7	. 1	4 3	10)
	{TYPE	GEASED NAME FIRST WESTO		FL	EMING	MAY 31, 19	87		26 HOUR 4:25A	
	3. SEX	MALE	C'AUS.	S. DATE C	IL 26, 1910	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR		MIN.
1		NEW YORK	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI		CECIL CO	The state of the s	FDEATH		MD.
1	3	CRRY POINT MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CENTI	ADDRESS)	DR OTHER INSTITUTION	MECHANIC			MOBII	
5	13a. S	AL RESIDENCE (IF NURSING PLATE 1364 OLD	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION	138. INSIDE CITY LIMITS? YES NO	13 ADELL TO BOX	ZIB CODE	21	.643	
	/		X FLEMING LAST			ISE SHAF		FLEÑ	ING	
2	(1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) LIFYES GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 107 05 9		VIDLA VICK	ERS PASSW		FLEM	ING	
	N	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DBY TE CAUSE TO, OR AS A CONSEQUE (b) ASPIRATION DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	PNEU	MONIA	IINAL DISEASE OR CON	DITION GIVEN	IN PART 1:	0	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, V IN CERTIFYIN			>
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETING CAUSE OF DELETING CAUSE OF DELETING OF THE ORIGINAL EXAMINES OF THE ORIGINAL EXAMIN	P.M. 21e PLACE OF INJURY	19	216 HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI		COUNTY	STAT	TE.
	W	WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive an obdye, (I) We) (did) (did not like the certification of the ce	n rille	19 2	3 19.86 Ind that in (my) (our) opinion DEGREE PHYSICIAN [22e ADDRESS VA MEDICAL (, to 5 3.2 death occurred on the do	pote and hour o	_87	that II (we couses state) last
		BURIAL, CREMATION, REMOVAL	236 DATE 236 1987 1987 1987 1987 1988	ODD	FET TOWS CEN	23d LOCATION CITY OR TOWN SEAFORD	SUS 251, REGISTRA	SEX T		AR

DHMH - 16 60M 7/84

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

should be detached for use as the burial transition. with the State Dept. of Health and Merital He TO FUNERAL DIRECTOR. After this cert etained by the haspital ar

(VRA 15, 4)

BP.

At the second se ** *** TEST ***** Ellerwind in the sixter of the second CHARLE STATE OF STATE OF STATE OF STATE

055365

tral director, page 3

1	3 8	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 7	1 4	3	4.5
X		CEASED NAME OR PRINT)	OLLIE		B.		RY, JR.	May 26, 1		YEAR	26. HOUR 4:35a M
		MALE		WHI		5. DATE C MONTH OCTOB	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 HRS. HOURS M.IN.
6		OUNTRY) MARYLAND TY OR TOWN OF DE	_ /	USA NAME OF H	OSPITAL, NURSIN	WIDOWE NG HOME C	DI NEVER MARRIED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCEDI DI DIVORDE DI DINDIORI DI DIVORDE DI DIVORDE DI DIVORDE DI DIVORDE DI DIVORDE DI	CECIL CO	UNTY	126 KIND O	MD.
1		Perry Poin	and the same of th	VA	Medical	Center	^	DISABLED	F WORKING LIFE)	US N.	AVY
2	130 S	MARYLAND	CECI		PERRY P	VN .	YES NO K	V.A.M.C.		POINT,	MD 2190
1		OLLIE VAS DECEASED EVER	B.		GENTRY 166 SOCIAL SECU		IS MOTHER'S MAIDEN NA FIRST ESSIE IT INFORMANT	MAE ADDRI		SMI	
1	(4	VAS DECEASED EVER (ES. NO OR UNKNOWN) YES	1955-19	AR OR DATES)	216-32-		GARY C. GEN		ARFORD	DRIVE	21234
	>	Conditions, if ony gove rise to im cause (a), statiunderlying cause	IMMEDIATE C	DUE TO, OR	AS A CONSEQU Acute di	ENCE OF ffuse	peritonotis gastric conte		licitis		
/	CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TERM	206 AUTOPSY? YES 10 NO	206. IF YES, V	VERE FINDIN	GS USED
1	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. IN JURY OCCUR WHILE [] NOT W	CAUSE OF DEATH ICAL EXAMINER) RED	P.A 21e PLACE (M. MONTH D	19	211 LOCATION SIRRET	RED (ENTER NATURE OF INJU		COUNTY	STATE
9		270.1 certify that X saw the decease above, (I) (we) ((this haspital)		19_	. ar	ory 6 19 76. Ind that in (my) (our) opinion	to May 27 death occurred on the d	, 19 ote and hour a		
7		224 PHYSICIAN'S N			nade	4	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN D	5-2	7-87
	23a B	AVELINA				NAME OF C	VAMC, Perry		yland_		

OAK LAWN

21222

BALTIMORE MARYLAND

250 DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit.
with the State Dept. of Health and Mental Hygiene prior

TO FUNERAL DIRECTOR. After this certificate has b

TO HOSPITAL OR

BP.

morked or Item 18 shows ony

IMPORTANT: If Hem 21 is

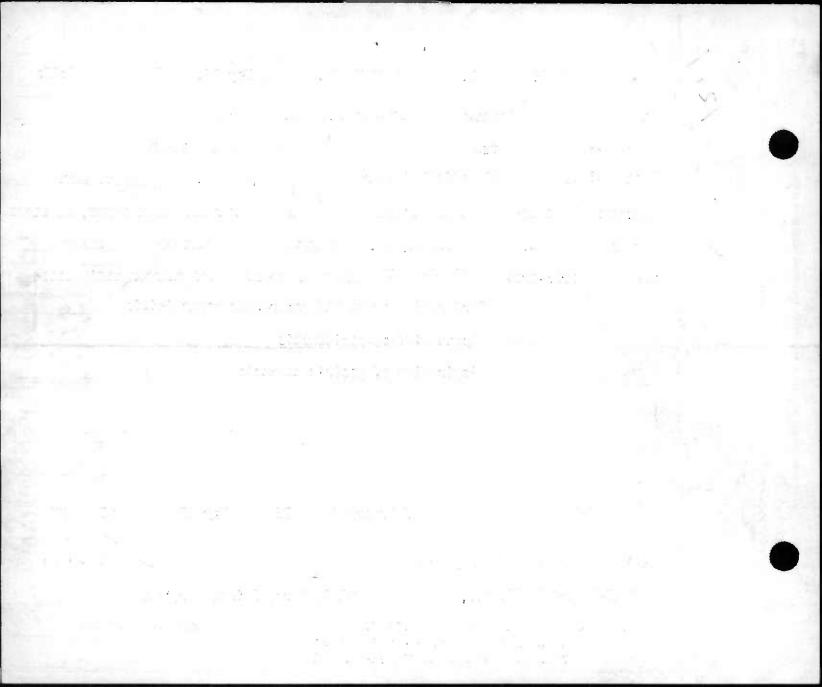
BURIAL

24 FUNERAL DIRECTOR

5-29-87

7922WISE AVE. DUNDALK, MD

DUDA-RUCK FUNERAL HOME OF DUNDALK



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 1	2	
WILL	IAM NELSON	HAGUE	MAY 23, 198	DAY YEAR	75 HOL	JR 30]
	4 RACE CAUC.	JAN. 17, 1898	6 AGE (IN YEARS LAST BIRTHDAY) 89 YRS	MONTHS DAYS	IF UNDER	MIN MIN
TATE OR FOREIGN	USA	MARRIED NEVER MARRIED WIDOWED NORCED	CECIL	Y OF DEATH		~

70 BIRTHPLACE 15 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH CARPENTER CECILTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136, STATE 136, COUNTY CECTL 13 CECIL 13d INSIDE CITY LIMITS? 259 E. MAIN ST. 21913 YES A NO [CHARLES HAGUE CRANOR MISSOURI ADDRESS 21913 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-03-2046 ESTHER BOX 436 HUSFELT

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c	1.1	BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Severe rer	nal failure	one month
gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE	elonepritis and ischemia due to	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART TIO

CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [710. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) AT WORK NOT WHILE

20 I certify that (I) (the ham tol) attended the deceased from	May 86	, 19, to 23 May	, 19.87 that (I) (-1)
saw the deceased alive on 23 May 87 19 obove, (1) (we) (did) (did as) view the body after death.	, and that in (my) (a) opinion death occurred on the	date and have and from the causes stated
7b. SIGNATURE	DEGREE		776. DATE SIGNED

M.D. PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS Wallace Obenshain, M.D.

Rt 213 south Cecilton, Md. 21913

30 BURIAL, CREMATION, REMOVAL	73b. DATE	234 NAME OF CEMETERY O
ISPECIFY) BURTAL	5/27/87	ZION CEMET

R CREMATORY 23d LOCATION

STATE

FOR - STATE -REGISTRAR DECEASED NAM (TYPE OR PRINT)

MALE

3. SEX

page 3

or oth pleo

18 shows

marked or Hem

certificate has been signed unal-transit permit. Then plet

DIRECTOR

TO FUNERAL

BP.

should be detached with the State Dept.

IMPORTANT.

à

entol Hygi

74 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

FELLOWS F.H. 226 E. MAIN'ST. CECILTON

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	1	FOR			TE OF MARYLAND HEALTH AND MENTAL	HYGIENE		
153165		STATE REGISTRAR			IER'S CERTIFICATE	All Market ()	REG. NO.	3 3
m = 1.40°		CEASED NAME FIRST	heth 1	Louise	Hodeson	2a. DATE OF DEATH	KNOWN X MONTH ESTI- MATED 5	8 1087 PLAR 26 HOUR
ARY, PLEASE L DIRECTOR. YOUR FILES. YOU STREET,	3 SE		5 DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHO	ARS IF UNDER 1 YOU IF UNDER AY) MONTHS DAYS HOURS		MONTH	
CESS. MERA MITHIII PRES	FC FC	RTHPLACE (STATE OR REIGN COUNTRY)	Sept.		8 MARRIED NEVER MARI	9 BAITIAA	ORE CITY OR COUN	
AY IS NE THE FUN FILED, W	V 10 C	TY OR TOWN OF DEATH	U.S.A	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	126 USUAL OCCUP		OR INDUSTRY
Page 3	J. WSU.	Elkton AL RESIDENCE (IF IN NURSING HOME O TATE 136 COUN	OR OTHER INSTITUTION	MI3L CITY OR TOWN	13d INSIDE CITY LIMITS?		55	Hotel
TMORE, MD. 21201 RR DEATH. IF ANY PAGES 1, 2, AND FORM PM 3: RETA FORM PM 3: BETA FORM PM 3: B	No.	ATHER'S NAME	cil MIDDLE	Elkton	YES NO L	DENNAME	DOOLE	a. 21921
THORE.		VAS DECEASED EVER IN U.S. AR		Hodgson	Y NO. 17. INFORMANT	belle T.	Doak 1295ss Dear	
		NO 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	lly ane cause per lin	222-07-		Hodgson		Md. 21921 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTONS SCRIFICATE SHOULD BE EXECUTED WITHIN 4 HERITING THE WORD "PENDING" IN PENCIL IN TEAR RED TO THE CHIEF MEDICAL EXAMINER ALE SI SHOULD BE USED AS A BURIAL - TRANSIT PREPAREMENT OF HEALTH AND MENTAL HYGIF OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.			TE CAUSE (a) DUE TO, OR (b)	R AS A CONSEQUENCE	OF	eart dis	sease	
L RECORDS ULD BE EXEC "PENDING" FOR AS A BUL ED AS A BUL HEALTH AN AL, CREMATI	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS Arterial 180 DATE OF OPERATION	hyper	tension	AINAL DISEASE OR CONDITION GIVEN IN P	ART 1 is		20 AUTOPSY?
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12AAAKE	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	νи с	OUNTY STATE
WINER: T IFICATE, SE FORV CTOR: P H THE ST		228. I certify that I took charged	ge of the remains de ral causes 🔀 ,		Autapsy , Inspection	an , Inquiry Undetermined ma	and in my o	pinian
AL EXAMINI HE CERTIFIC HOULD BE FAL DIRECTO TH, WITH THE E, MARYLAN		ACTUAL SIGNATURE	1 St	sli	THE (SPECIFY),	MEDICAL EXAM	DATE SIGN	S 8 87
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR; PAFTER DEATH, WITH THE STILL BERNING MARYLAND, 2	7	EXAMINER'S NAME JUAN	JC. Go	nzalez-Vit	ol Moness Union	n Hospy	Elkton	MD 2192
BP A S A S A S A S A S A S A S A S A S A	23a E	urial cremation, removal Burial	^{23b.} DATE 5-13-87	North		em . North		ecil Md'ate
DHMH - 17 (VR A15 ME (5))	24 F	of Funer	al Home	North Ea	st, Md.	Y 1 1 1987	R 256 REGISTRAR'S	SIGNATURE

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STATE OF MARYLAND

3	REG. N	10	4	3	1 4
DAT	E OF DEATH		DAY	YEAR	26 HOL
	01 1	007			

1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO	14314
	DECEASED NAME FIRST VPE OR PRINT) Joseph	Carrol1	Hopkins	May 24, 198	NONTH DAY YEAR 26 HOUR 6:15P M
3. 5	Male Male	4 RACE White	S. DATE OF BIRTH Sept. 20,1919 YEAR	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS
2	BIRTHPLACE ISTATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED X	Cecil	COUNTY OF DEATH County MD.
P	CITY OR TOWN OF DEATH CONTROL CONTROL	Perry Point V	.A.M.C.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
M	Carroll Cr	MIDDLE LAST WESWELL HOPKIN WED FORCES? 166 SOCIAL SECTE WAR OR DAILS 1	re YES NO 15 MOTHER'S MAIDEN N. FIRST Laura URITY NO. 17 INFORMANT	AME MIDDLE ADDRES	y St./21202 Baldwin
NOIL		DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	S cell carcinoma of	MINAL DISEASE OR COND	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NOM	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CER	OR CONTRIBUTING TO CAUSE OF DEA	TH HOUR A.M. MONTH D	PAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJUR	
	22a. I certify that XI (this haspi sow the deceased glive on above. XI (we) (did) XIX (22b. SIGNATURY)	tol) ottended the deceosed from May 24, 198719 View the body offer death.	March 31 , 19 87, ond that in (XX (our) opinion DEGREE ATTENDING PHYSICIAN)	7 , to May 24 n death occurred on the do MEDICAL STAF MEDICAL PHYSICI	P 224 DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		

DHMH - 16 60M 7/84

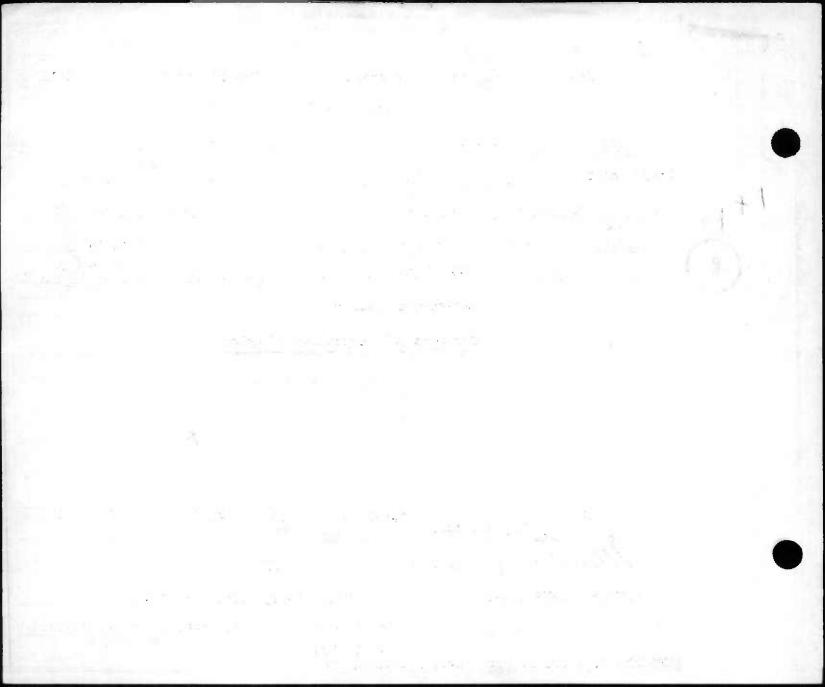
retained by the hospital or

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physishould be detached for use as the burial-transit permit. Then please remove carbanpat with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remove

(VRA 15, 4)

TARRING F.H. 333 S. Parke St., Aberdeen, MD



(VR A15 ME (5))

STATE OF MARYLAND

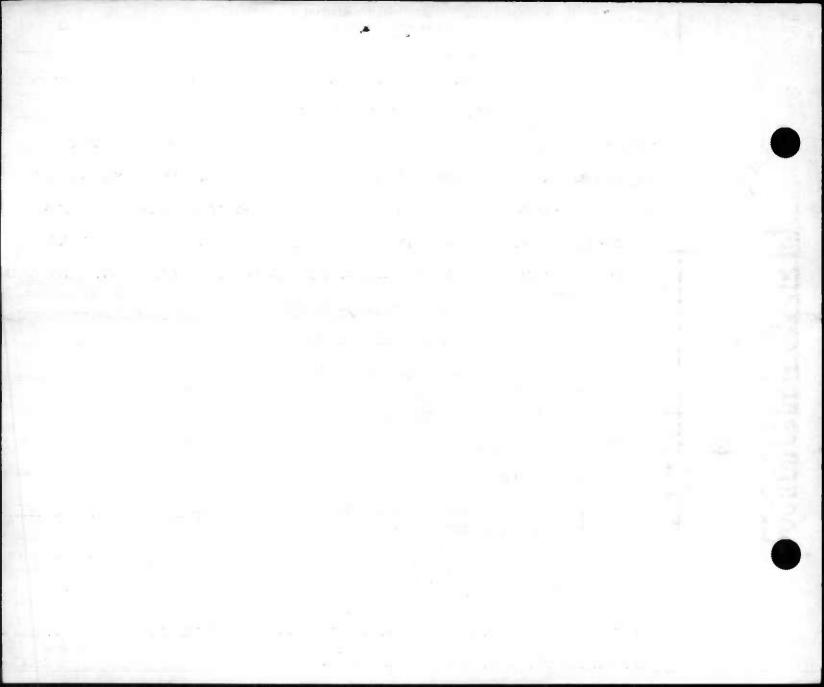
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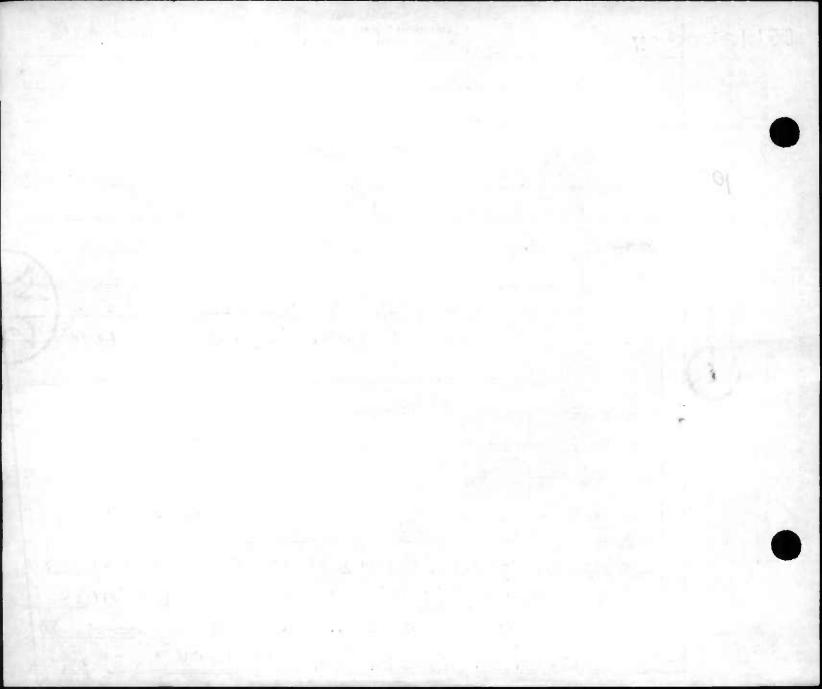
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6 HAY 2	1-	FOR STATE REGISTRAR			OF HALTH AND MENTAL HYO RTIFICATE OF DEATH	REG. NO	4 3	1 6
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00	1 SEX		4 RACE	5. (DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI		EAR IF UNDER 24 HRS
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165		CTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	ARRIED X NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	Н
55		MARYLAND			DOWED DIVORCED		CECIL C	OUNTY ME
2	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION		D OF BUSINESS OR
3/3	Pe	erry Point, M		Medical Cen	ter	(RET) CIL. GUN		GOVT (APG)
2		IL RESIDENCE (IF NURSING HO		136, CITY OR TOWN	\$136 INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	
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16	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			
lo N	0	CARROLL	F.	KEITHLEY	FIRST	B.		GRIFFITH
dical		AS DECEASED EVER IN U.S		166 SOCIAL SECURITY		ADDRES	SS	
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हैं		18 CAUSE OF DEATH (Ent		r line for (o), (b), and (c)			AP.	PROXIMATE INTERVAL
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ic ev		IMME	DIATE CAUSE (0)			-		
froumofic		Conditions, if ony, which		OR AS A CONSEQUENCE	nal failure		1 1 1 1	
100		gove rise to immediate couse (a), stating the	e)					
athe		underlying couse los		Pneumoni	a and ASHD			
5		DART 2 OTHER SIGNIEICA	NI CONDITIONS (H BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONT	ITION GIVEN IN PAR	I lo
h .			11 60110110110	OTTIMO TO DEAT	TO CONTROL MELANIED TO THE TEN			1 1.0
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injury,	ATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FI	
ony injury.	IFICATION		196 CONE	DITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAL	ISES OF DEATH?
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18 shows ony injury.	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING . CAUSE C	G 21b. TIME (OF INJURY	YEAR 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOW	IN CERTIFYING CALL YES [SES OF DEATH?
hem 18 shows ony injury.	-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	G 21b. TIME (DF DEATH MINER) F	OF INJURY I.M. MONTH DAY P.M.	YEAR 19 211. LOCATION	200 AUTOPSY? YES NOTE NATURE OF INJURE	IN CERTIFYING CAL YES Y IN ITEM 18 PART 1 OR PAR	SES OF DEATH?
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or Hem 18 shows ony injury,	-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d IN JURY OCCURRED AT WORK NOT WHITE AT WORK	G TATHOME A	OF INJURY L.M. MONTH DAY P.M. OF INJURY REET FACTORY OFFICE, FARM	YEAR 19 21(LOCATION STREET	208 AUTOPSY? YES NO REPORT NATURE OF INJURE CITY OR TOV	IN CERTIFYING CAL YES VIN ITEM 18 PART 1 OR PAR VN COUNT	USES OF DEATH?
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DHMH - 16 60M 7/8 (VRA 15, 4)



STATE OF MARYLAND

5418711	112	FOR ISTATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	14	3 1	
		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
2 75	TITPE	Monroe	1.	Ki	rk		05 18	8_87	12 n M
D D	3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
8 95		Male	White	MON			O YRS	INS DATS	MOURS MIN.
1 12 0/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
102		est Virginia	U.S.A.	WIDOW		C	ecil Co	untv	MD.
1 11 30	MICI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126, KIND OF	BUSINESS OR
10/0	-	ising Sun	Calvert Manor	Nursi		soil conse	rv'st	Agric	ulture
1 24 34	MI	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	other institution, give residence entry 13c. CITY OR Forest	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		21050	
1		THER'S NAME	iora lioresi	. 11777	15. MOTHER'S MAIDEN NA	2439 Rock	skuau,	21000)
1 11/14	1	John	S. Kir		Lizzie	MIDDLE		Johnst	on
1 1/1	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE		JUI 11 15 (,011
100	The state of the s	No	218-42	water the same	Donald Kirk	2439 Rock	s Road,	-	t Hill.
physic occope emocal emocal		8 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line him it. B BY: E CAUSE (a)	orest	in Heart	alue		ZD/	H/S
and the same of th			DUE TO, OR A ACONS	EDVENCEDE	D. D. D.	10-10			
deor deor		Canditians, if any, which gave rise to immediate	b1 14	19	Culle 1	TSCUL		127	177
4 4 4 4		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF					
N	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1 a	
To the second	FICATI	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, W IN CERTIFYIN YES	ERE FINDING	GS USED OF DEATH?
The state of the s	CERT	210. ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCUR	the same		ORPART 2)	,,,,
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10 0 11 4	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			COUNTY	STATE
of of the party of	W	NOI WHILE	(AT HOME STREET, FACTORY OF	FICE FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
DNDPN of or NA Ab Health		22a.I certify that (I) (this haspi					18.19.	-	nat (I) (we) fast
A C C C		abave, (1) (we) (did) (did na	ti view the bady after death.	19	and that in (my) (our) apinion	death accurred on the do	ite and hour an		
VALOR CALDE		221 SIGNATURE	e Philly	n h	ATTENDING PHYSICIAN	MEDICAL STAF		22c DATES	19/87
HOSPI omed b Cold be the Si		22d PHYSIC AN'S NAME GIVE O	RPRINTI Philly	s Mic	272 ADDRESS AR	Justa	had	710	34
5 5 5 7 3	23 a E	URIAL, CREMATION, REMOVAL	23th DATE	230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	1130		
BP	3	Burial	5/21/87	Bel A	ir Mem. Gdns.	Bel Ai	r Ha	rford	MD
DHMH - 16 60M 7/84	24 FU	JNERAL DIRECTOR			PA 25a. DAT	E REC'D. BY REGISTRAR			
	Ha:	rkins Funeral H	ome, Inc. 600	Main S	t. Delta.	MAY 19198	1 Julia	Devideor	· Pandale



35 III LLOR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer If the hospital or attending physicion.

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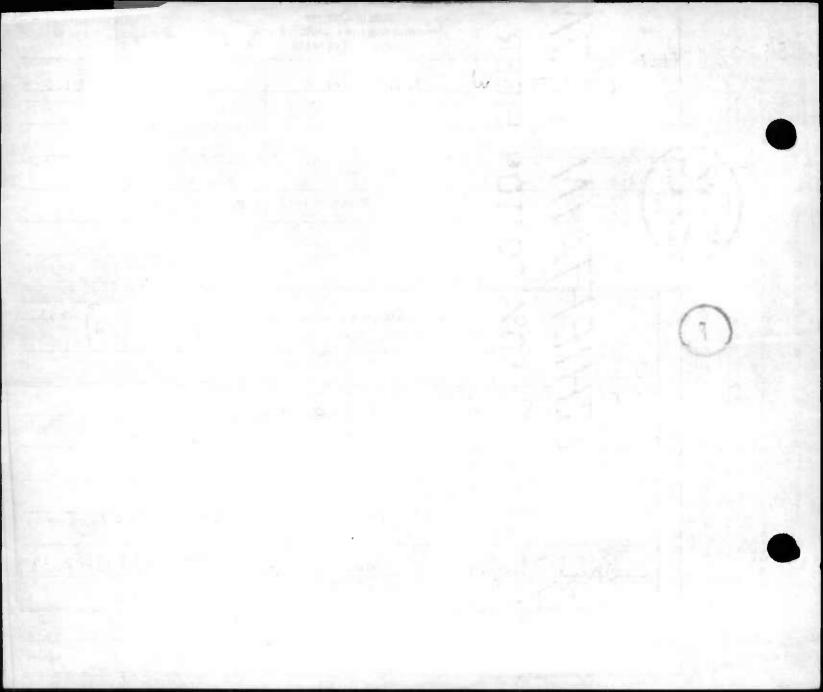
	DEPART	MENT O	HEALTH	ARYLAND AND MENTAL OF DEATH	HYGIENS
MIDDLE	1	,	LAST	1	2a DA

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FOR 1 - STATE			HEALTH AND MENTAL HYG	IENS 7	145	1 8
REGISTRAR				REG. NO		
1. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
7	= 8174 1	WKIH	(wood	May 12,	1987	8:55p M
3 SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
female	white	MONT 8	26 1886	100	YRS DA	YS HOURS MIN.
Ja. BIRTHPLACE (STATE	OR FOREIGN 76 CITIZEN O	WHAT COUNTRY?		9 BALTIMORE CITY O	R COUNTY OF DEATH	
Pennsylva	ania US	SA MARRIE	D NEVER MARRIED DIVORCED	Cecil		440
10 CITY OR TOWN OF		HOSPITAL, NURSING HOME		12a USUAL OCCUPATI	ON 125 KINE	D OF BUSINESS OR
Rising Su	(IF NOT IN SI	ct Manor Nur		Housewif	E WORKING LIFE) INDUSTR	
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William	MIDDLE A	Ward	15. MOTHER'S MAIDEN NA Mary	ME	Her	nry
	VER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	6 O€RE	Adams Roa	a d
(YES, NO OR UNKNOWN	n a a	163-03-081	Sara Kel	0.7	t Deposit	
			1	POL		
18 CAUSE OF DE	ATH (Enter only one cause por H WAS CAUSED BY	er line for to by ond ic il			BETWE	EN ONSET AND DEATH
PARTI. DEAT	IMMEDIATE CAUSE (0)_	neumr	na			2 years
	DUE TO	OR AS A CONSEQUENCE OF				
Conditions, if		OR AS A CONSEQUENCE OF				
gove rise to	immediate					
couse (o), st	oting the DUE TO,	OR AS A CONSEQUENCE OF			180	
onderlying (C	(c)					
	AS CV	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
190 DATE OF OPE	RATION 196 CON	DITION FOR WHICH OPERATIO	ON WAS PERFORMED	YES NOW	206 IF YES, WERE FIN IN CERTIFYING CAUS YES	
71e ACCIDENT WAS	UNDERLYING TO 716 TIME	OF INJURY	21c HOW INJURY OCCUR			
OR CONTENDED IT INC		A.M. MONTH DAY YEAR	THE HOW INJURY OCCUR	KED (ENIER NATURE OF INTO	RT INTIEM IS PART TORPART	11
(IF EITHER NOTIFY		P.M. 19				
(IF EITHER NOTIFY I		E OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY	STATE
WHILE NO	T WHILE WORK	TREET, FACTORY, OFFICE FARM, ETC.)	SINEEL	Citt On 10		3777
		1-1	-1	F - 1	2 *7	
	eosed alive on	12 Or 17		, to	19.11	, that (II (we) lost
obove, (I) (w	e) (did) (did not) view the bod	ly ofter death.	nd that in (my) (our) opinion	death accurred on the de	ote and haur and from t	he couses stated
77% SIGNATURE			DEGREE		22c DA	TE SIGNED
(1)	0 401	-	ATTENDING PHYSICIAN	MEDICAL STAF	F. L	115 -4
234 Ph/95 (Ph. 45)	NAME (THE OFFICE)	-01	22e ADDRESS	DIRECTOR PHYSIC	IAN []	_ 0
A POTSICIAN S	were informed by		THE AUDITOR		111	
IV a	il lex	01	12121	ic Dun.	1010.	
230 BURIAL, CREMATIC	ON, REMOVAL 236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d OCATION		
(SPECIFY)	F 16	07 11:11	: 4 - 0	CITY OR TOWN	Montagn	STATE
Burial 24 FUNERAL DIRECTOR	15-16		25 0.17	Roslyn	Montgom	
	rd Funeral	Rising		MAY 1 9 198	NEGISTRAR'S SIGN	in Pandale
It. I. Ja	ru runeral	Home Marylan			0	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

DELLERAL DIRECTOR. After this certificate has been signed by this certificate has been signed by the permit. Then please remember to Epith on the Mental Hygiene prior to buriol. creming the prior to buriol.



5 9 101	FOR 1 - STATE 2 REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 7	4319
0.00	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth	ROBE	RT PERRY KNO	OTTS	05-19-8	08:55 AM
od	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS
of a feet	Male	White	Jan. 15, 1915	72 yrs	NOVING DATS ROOKS MIN,
32 BY	To. BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
SE 00	Clay Cty, W. Va	U.S.A.	WIDOWER DIVORCED	CECIL COUNTY	MD.
6/	10 CITY OR TOWN OF DEATH ELKTON	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET A Union Hos	C HOME OR OTHER INSTITUTION Pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Farmer	126 KIND OF BUSINESS OR INDUSTRY FARMING
#39	130 STATE d. 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NIY 13 CHAPLE	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO D	IN STREET ADDRESS OF CODE	hila. Rd.2191
1000	14 FATHER'S NAME FIRST Lester	Knotts LAST	15. MOTHER'S MAIDEN NA	Jane Järvis	LAST
by the utending physican and st are remove surban papers. Pages 1 or removal	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	ve war OR DATES) 236 - 05	hac arres	kard 4630 MeKin Elkton, M I adial hefuel Heart Des	neytown Rd. d. 21921 APPROXIMATE INTERVAL BETWEEN ONSELAND DEALH
has been signed t permit. Then ple ever prior to burio ever also mility, at	190 DATE OF OPERATION		EATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YES	EN IN PART I I O S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
Type Type	210 ACCIDENT WAS UNDERLYING	THE PARTY OF THE P		RED (ENTER NATURE OF INJURY IN ITEM 18	ART I OR PART ?)
13965	OR CONTRIBUTING CAUSE OF DE	AIH	19		
ter the out the burner that one were	(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ERAL DRECTOR: A catoched for use a State Dept. of Health NT. If New 21 is ma	saw the deceased alive a	ntol) attended the deceased fram- n 19 201 view the bady after death.	DEGREE ATTENDING PHYSICIAN	deoth occurred on the date and hou	19, that (I) (we) lost ond from the causes stated
should be on the with the State IMPORTAN	Ernesto	Ablano	MDE	1KTOW	md.
	230. BURIAL, CREMATION, REMOVA (SPECIEV) Burial	F 00 00	rth East Moth	73d LOCATION CITY OR TOWN	COUNTY STATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1987

June Davidson Rondalls

9

24 FUNERALDRESS Francial Home Morth East,

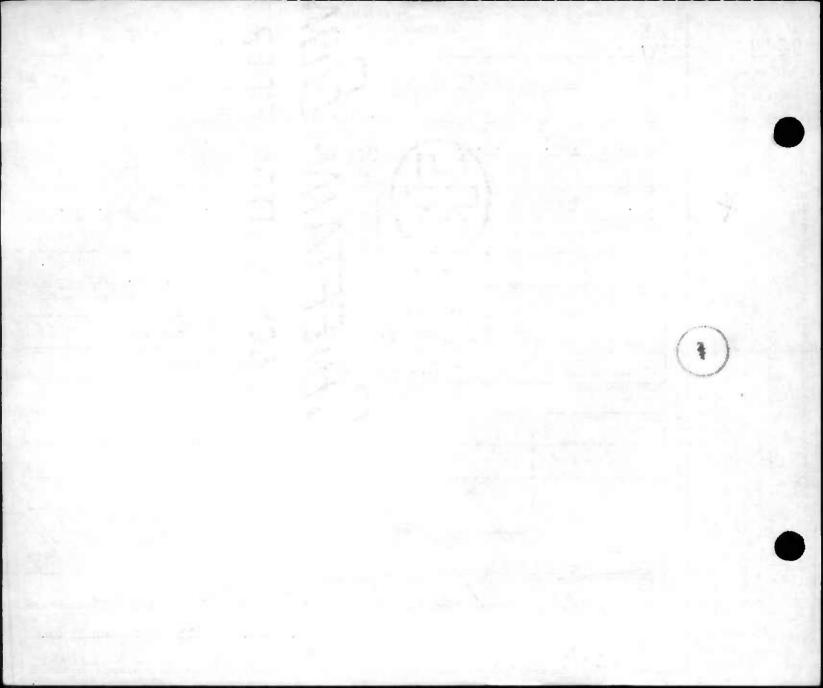
DHMH - 16 60M 7/84 (VRA 15, 4)

OR ATTENDING PHYSICIAN, The low a hospital or otherding physician.

TO HOSPITAL OF ATTENDING February of the House tell of

BP.

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STATE OF MARYLAND		ST	ATE	OF	M	ARYI	AND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	0	lin.	0

2	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HYGI DEATH	IENE A	NO.	4 3	2 (3
h.o.		EASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HO	JR
		La	wrence J	. Lamp					May 17	7, 1987	3:20	6P M
9	3. SEX		4 RACE		5. DATE C		YEAR	& AGE (IN YEARS LAST		MONTHS DATS	IF UNDER	R 2J HRS
	/	Male	Whi		12		1900	86	YRS			
-		THPLACE (STATE OF FOREIGN	76, CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
1		Maryland	1	U.S.A.	WIDOWE	0 0	NORCED	Cecil C				MD.
	1	Y OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)	R OTHER INS	TITUTION	TYPE OF WORK FOR MOS	T OF WORKING LIF	126 KIND C	Stee	ESS OR
2		TRESIDENCE (IF NURSING HOM		Point Vet		Hosp:	tal	Welding	Assist	ant M	fgt.	
3	13a S	TATE 136 CC	UNTY	13c. CITY OR TOW	N			13e.STREET ADDRES				
8		aryland —		Baltimon	re	YES XX	S MAIDEN NAM	1617 Co	le Stre	eet 21:	223	
Ŋ) TA	FIRST	WIDDLE	LAST			FIRST	WIDDIE		LAS		
ζ	/_	Henry		Lar			Wellie	400	RESS	Po	owers	3
Ħ		(AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OF DATES	166 SOCIAL SECU		17. INFORM	ANT	ADL	RESS			
_	1	YES	WW I	217 05 3	327	Irene	C. Lam	p 1617 Col	e Stre		MATE INTE	
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	((c)	Aspiration As a Conseque Contributing to 1	ENCE OF			INAL DISEASE OR CO	ONDITION GIV	/EN IN PART 1:	0	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	NGS USE OF DEA	TH?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY I.M. MONTH DA	AY YEAR	21c HOW I	NJURY OCCURR	RED (ENTER NATURE OF II				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, F	FARM ETC	211 LOCAT	ION	CITY OF	TOWN	COUNTY		STATE
†		22a Certify that (X)this his sow the deceased alive above, (18 we) (Idia) (deceased alive above, (18 we) (Idia) (deceased alive above, (18 we) (Idia) (deceased alive) (deceased	on wiew the bod	y offer death.	8 7	220 ADDRE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	date and hour	22c. DATE	SIGNED	toted
	230 0	URIAL, CREMATION, REMOV			NAME OF C		CREMATORY	Point, Man	сутапа			
		SPECIFY Burial	5/20	/87 T	oudon	park ('emeterv	Baltimo	re	COUNTY	Mary 1	land

DHMH - 16 60M 7/B4 (VRA 15, 4)

74 FUNERAL DIRECTOR
HUBBARD F.H., 4107 Wilkins Ave., Balt, MD.

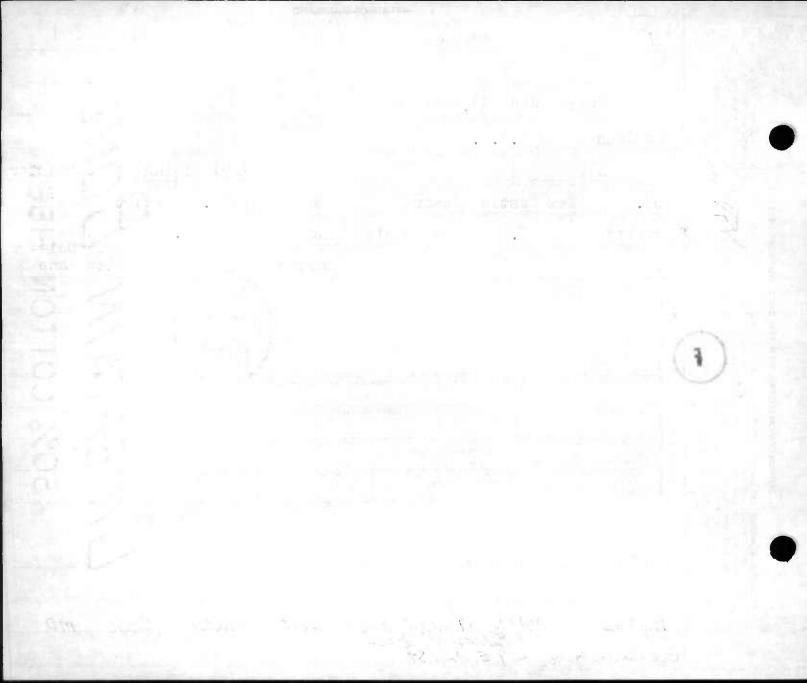
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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he funeral attector, page 3 within 72 hours after death

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STATE OF MARYLAND

DED A DY MENT OF HEALTH AND MENTAL HYCIENE

9 8	STATE PREGISTRAR			DEPART		ICATE OF D	EATH	8 7	. 4	5	2. 2.
	CEASED NAME	FIRST		MIDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	James 1	EDWARD				LEVEY		May 13	, 1987		3:00pt
3. SE			RACE		5. DATE C			6 AGE (IN YEARS LAST BE	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	Male	1	Whi	te	Jar		1912	75	YRS.	DATS	HOURS MIN
	IRTHPLACE (STATE OF F COUNTRY) Del.	OREIGN 71	U.S.	WHAT COUNTRY?	10	D NEVER M	ARRIED (3)	BALTIMORE CITY C		DEATH	MD.
Pe	rry Point,	Md.	1. NAME OF I	HOSPITAL, NURSIN HEACHTY, GIVE STREET Edical Ce	nter	OR OTHER INST	TUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Main.	ION DE WORKING LIFE)	INDUSTRY	F BUSINESS OR
	AL RESIDENCE (IF NURS STATE Md.	136 COUNT	Υ	13c. CITY OR TOW		136 INSIDE CI	TY LIMITS?	300 Che	zip code rry St	. 219	901
14. F/	ATHER'S NAME FIRST Joh	n Lev	rey	LAST			MAIDEN NAM	ence Megg	inson	LAS	ī
16a \	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMAL	VĪ	56 ^{AD} SR	squeh:	annoc	ch Blvd
+	Yes	WW I	II I	222-07-	2749	Helen	McKin	ney Nort	h East		21901
TION		nediate ig the last.	DUE TO, O	R AS A CONSEQUE	tic c	rimary	Cause	rain and lu		IN PART 110	
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	YES NO E	IN CERTIFYIN	G CAUSES	
MEDICAL CER	21a ACCIDENT WAS UNI OR CONTRIBUTING OF CONTRI	CAUSE OF DEATH	P. 21e PLACE	M. MONTH D.	AY YEAR 19	211 LOCATIO STREET		ED (ENTER NATURE OF INJU		OR PART 2)	STATE
	229.1 certify that X	(this haspita	al) attended th	e deceased from_	Marc xxxx	h 11 nd that in (my)		7 to May 1 death occurred on the c	3 19. late and hour or	87 nd from the	th XXXXXXXXXXX causes stated
	22b. SIGNATURE					DEGREE	TTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE	SIGNED 13-87
	22d. PHYSICIAN'S NA		SAN, M.	D.		VA Me		Center, Per	ry Poin	t, Md	•
23a	BURIAL, CREMATION,	REMOVAL	235 DATE 5-15-			EMETERY OR C		Christ	iana N	ew Ca	astî'ê"

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban papers. Permit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

any injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked on them Party

DHMH - 16 60M 7/84 (VRA 15, 4)

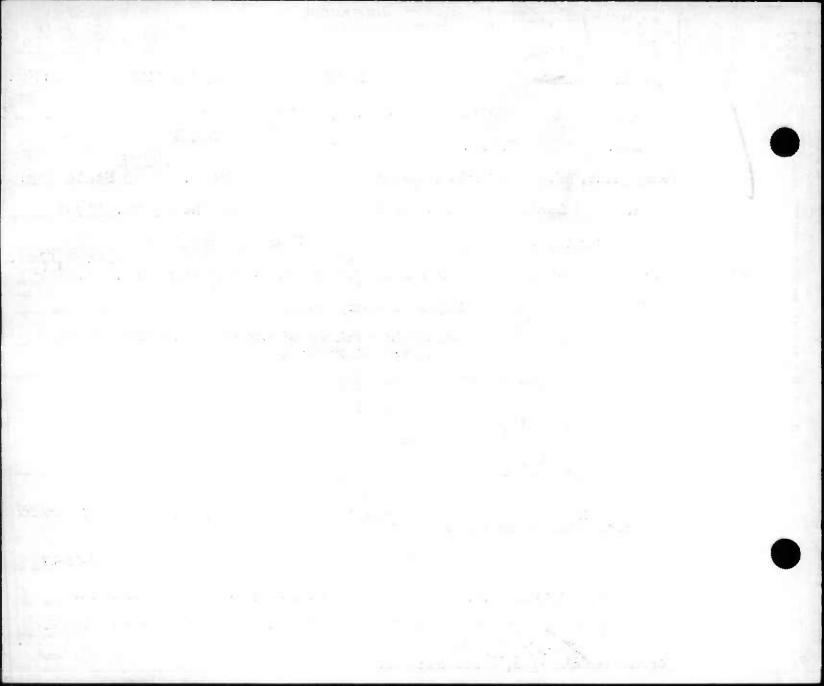
24 FUNERAL DIRECTOR Crouch

Home, North East, Md

Funeral

Christlana New Castle

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DE MAY 18 1987 viva Devideon Randales



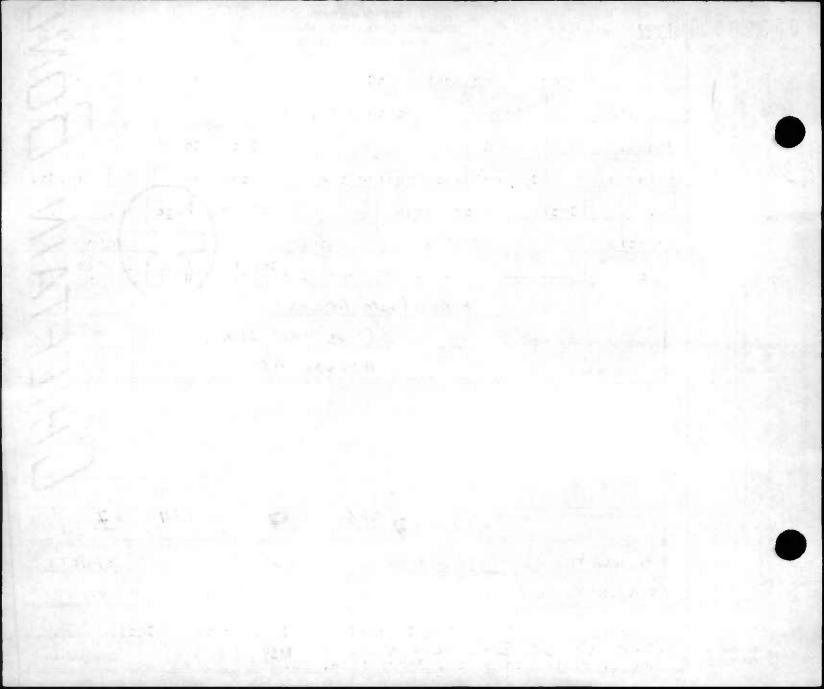
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 DECEASED NAME FIRST MIDDLE LAST TO CAN TYPE OR PRINT) Hester Margaret McCaw

8 7 1 4 3 2	
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									KI	EG. 190.			and the second second		
		CEASED NAME FIRST	'	MIDDLE	ŧ.	AST		20	DATE OF DEA	ATH MON	TH D	AY YEAR	2b HOUR		
		Hester	r Ma	argaret	Mc	Caw			Ma	ay 8	3, 1	987	11. mp.		
	3 SEX		4 RACE		5 DATE C		AV YEAR	6	AGE (IN YEARS !	AST BIRTHDAY		ON HOLDER I YEAR	IF UNDER 24 HRS		
		Female	White	9			27,191	0	76	5	YRS		MIN.		
pti		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8		ER MARRIED	9	BALTIMORE C	ITY OR CO		OF DEATH			
		enna.	WIDOWE	W W	DIVORCED [51	Cecil County								
A		TY OR TOWN OF DEATH		OR OTHER	INSTITUTION		USUAL OCC		M	126 KIND OF BUSINESS O					
1	Ri:	isingSun CalvertManorNurs				ngHo	me		Secretary S&W Eng.						
ed)	MSUA	L RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						2000				
V		Md. Cecil NorthEast					NOXXX	NOXX 167BridgewoodAve. 21901							
	-	THER'S NAME				15 MOTH	ER'S MAIDEN N				, , , ,	100			
	F	rancis	WIDDLE	Whalen			Louisa	9	MIC	DDLE		Weir			
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFO		-		ADDRESS					
-	(Y	NO I IF YES GIV	E WAR OR DATES)	202-05-	8895	Fre	d H.Wi	Co	llings	dale,	Pa	1902 Ave.	3		
			lu ene enure en	-		1110			CI, 02	Allul	CWL		MATE INTERVAL		
		18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PARTI. DEATH WAS CAUSED BY: CARD (a) PARTI. DEATH WAS CAUSED BY: CARD (b) PARTI. DEATH CAUSED BY:									BEIWEENC	INSET AND DEATH			
	1	IMMEDIA	re CAUSE (a)				NIC-								
		Conditions, if ony, which (16) DUE TO, OR AS A CONSEQUENCE OF CO M- THE LANG													
П	3	gave rise to immediate	(b)						-						
		couse to , stoting the underlying couse last	DUE TO, OI	R AS A CONSEQUE	NCE OF	ASO	CVD- 1	AF	2						
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0													
	Z	CONTRACTOR													
0	ATK	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b IF YES, WERE FINDINGS US							
λ.	CERTIFICATION								YES NO YES NO NO NO						
3	CERT	210 ACCIDENT WAS UNDERLYING				21c. HOV	W INJURY OCCU	JRRED							
7	AL C	OR CONTRIBUTING CAUSE OF DEA	(184	M. MONTH DA	Y YEAR										
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOC					12.11	1 113	- 1		
	W	WHILE NOT WHILE	(AT HOME STR	REET, FACTORY OFFICE FA	RM ETC 3	S	TREET		Cit	YORTOWN		COUNTY	STATE		
		22a I certify that (I) (this hospi	tal) attended the	e deceased from		5/1	19 8	2	, to	-1-1	11_ 1	9 8 77	that (1) (we) last		
		saw the deceased alive an		S 6 19 S	or	nd that in	my) (aur) apinio	on dea	th occurred on	the date a	nd hour				
	133	above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE DEGREE									22c DATE	SIGNED			
		manh) // 1			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						5/11	187		
7		224 PHYSICIAN'S NAME (TYPE O				22e ADDRESS									
	100	Mahesh Moon	3 Mouldin Ave Morth East, md 21901												
	230 B	URIAL, CREMATION, REMOVAL			AME OF C	1	OR CREMATORY		23d LOCATIO	N	_				
		Burial	May 1		Cher				.Elkto		Co	Cil	Md -		
	24 EM	THECTOR /	11	1901	VIII I	VIII			C'D. BY REGIS						
	0	Too A Pott	noon	Son. P	onni	Will	N/	MAY	1 1 198	37		" wone	Randale		
		Tee H. Falle	SI POH 0	COUI, P	CLIA	VIII	C, IIII.								



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 stwith the State Dept of Health and Mental Hygiene prior to burial cremotion, or remaval.

MAPORTANT: If them 21 is marked at them 18 shows any injury, or other troumatic event, the medical example.

illed in by the funeral director, man by the funeral director, man by the filed within 72 hours offi

STATE OF MARYLAND

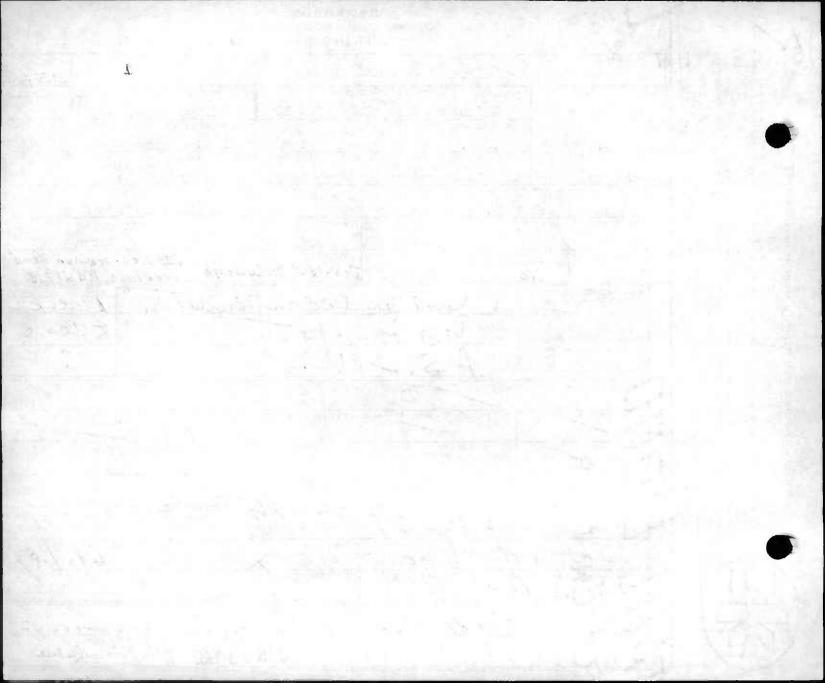
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR - STATE			DEPARTA		EALTH AND M		IENE	1 /	1 -7	")
Ľ	REGISTRAR				CERTIF	ICATE OF DI	ATH	O / REG N	10	1 0	la by
I. DE	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Nan	E1:	len	Mc Cu	11ough			05 22	87	3:30 p.m.
3 SE	Х	4	RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		UNDER YEAR	IF UNDER 24 HRS
Female W			Whit	e	07	09	23	63 yea		DATS	10003
76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8					8 MARRIE	NEVER M	ARRIED 🗍	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
- K	Smith Co., VA U.S.A.				WIDOWE	D DIV		MD			
10 0	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
C	onowingo			Conowin		, Conow	ingo ,M				
USU 13a	IAL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE CIT	Y HAVITS?	13e STREET ADDRESS	100	01	910
M	aryland		1 Co.	Conowing			NO 🗆	623 Old		ngo Ro	ad
14. F	ATHER S NAME	44.0	DDLE	LAST	7	15 MOTHER'S	MAIDEN NA			LAS	
1	Dudley	Mil	DOLE	Surber		Bess		MIDDLE		Roten	
	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMAN	П	ADDR	930110	chestin	oo Road
	Inknown	No		220-12-6	655	DONALd	I mel	Cullough Co	new ind	e Md	21918
	18 CAUSE OF DEAT	H (Enter only	ane cause per	line ar (a), bi	d ic			L	1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I DEATH W	IMMEDIATE		arth	ar	Dec	my	Lewal	in	16	reek
	The last of		DUE TO/O	1 Saconselle	NCEOF	- 4	11			100	1000
	Canditions, if ony,		1 5	andel	on	40/0	elling	/		15 7	eurs
	gave rise to imm	g the	DUE TO O	A CONTROUR	NEED	1111	XA			V	7
	underlying cause	last.	10	43.	-	(VI	00				•
1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										0
100											
CERTIFICATION	190 DATE OF OPERA	ITION FOR WHICH	WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDIN IN CERTIFYING CAUSES						OF DEATH?		
R				<u> </u>		10) 110111011		YES NO	YES		NO 🗌
	OR CONTRIBUTING		10 HOUR A	MONTH D	AY YEAR	716 HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	T T OR PART 2}	
MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ.	M.	19						
MED	21d. INJURY OCCURE	and the same of th	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION	_	CITY OR TO	IWN	COUNTY	STATE
	AT WORK AT WO	RK L		1	1/	1/-	07	1 1-1	2-1	25	
12	22a I certify that (I) saw the decease		l) attended th	deceosed from_	2-7	od that in (my) (., 19	death accurred on the c	late and hour		that (I) (we) lost
	abave, (1) (Wellie	did) (did nat)	view the body	after death.		DEGREE	out / opinion	deam decorred on the c	iale and had t	JZL DATE	1
1/2	III. SIGNATORE	4 De	221	0/ 00	31.	A1	TENDING &	MEDICAL STA		1	707
-	22d. PHYSICIAN'S NA	AME CTYPE OF S	TIME	- uce	run	22e ADDRESS	HYSICIAN	DIRECTOR PHYSI	CIAN	100	10/
	1-2	La a	001		1.						
22-	BURIAL, CREMATION,	EF IC	23b. DAJE	-00	JAME OF	EMETERY OR C		on Ave. Hay	re de	Grace.	MD21078
136	(SPECIFY)	KEMOVAL	5/24/	1da mit	7.	m. H	13 A T	CITY OR TOWN	(611 0	OUNTY	STATE
24 F	UNERAL DIRECTOR	100	1001	0/ 11//.	LION	mein.	25a. DAT	E REC'D. BY REGISTRAN	256 REGISTRI	RES SIGNAT	URE /
0	NAME D.	1. T.	1. 71	ADDRESS	141	Tes	LA JIIN	0 8 1097	1/ 0 00	order - K	andres
4	4 KI KEYNOLO	15 JR	+ John	v Reynolds	1/9	c. Jude	2110011	1001 001	U		The state of the s

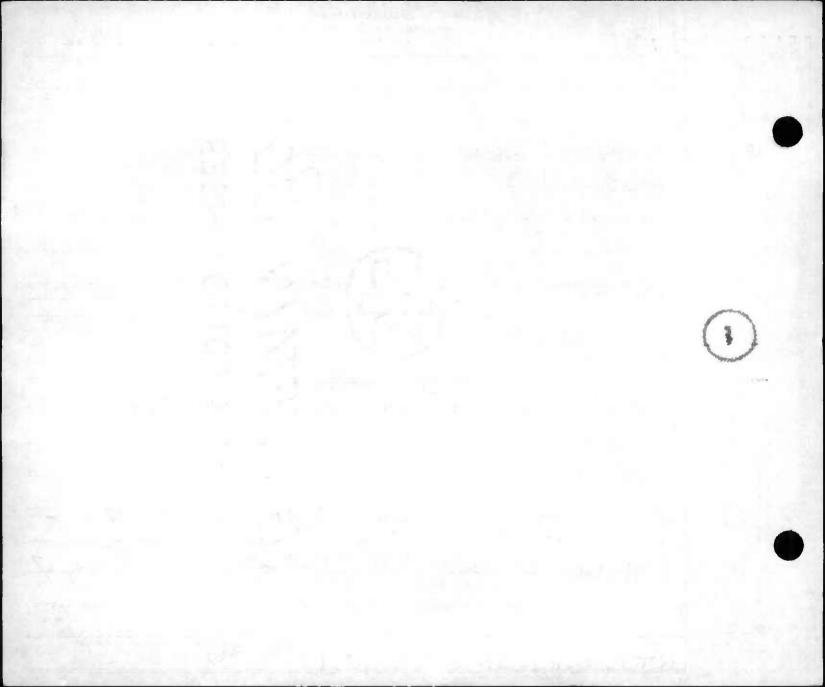
DHMH - 16 60M 1/75 (VR A 15 (4))

BP.



54180 HAY:	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	RIENE 8 7 REG. NO.	4325			
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DATE	YEAR 25 HOUR			
oge 3	Samuel	F	Neeld	05 18	87 3.20 pm			
You go	J. SEX	4 RACE	S. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS			
cror.	Male	white	01 03 00	87 YRS	VIHS DATS HOURS MIN.			
Page Hour	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COUNTY O	FDEATH			
4 25 2 E	Chester, PA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Cecil Cou	inty MD.			
5) Va 4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR			
by the full filled within	Rising Sun	Calvert Manor N	ursing Home	storeroom clerk	INDUSTRY			
ed within 24 hours ampletely filled in by and 2 should be file	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COL	INTY 13c CITY OR TOW		13. STREET ADDRESS / ZIP CODE 36 Penna Ave. cry	stal beach 219			
The See of the	14 FATHER'S NAME	MIDDLELAST		MOTHER'S MAIDEN NAME				
b late	Samuel	f. Neeld	Sarah		Pilling			
	160 WAS DECEASED EVER IN U.S. A			ADDRESS	19013			
BALLIMORE, to be executed to a control of the contr	unknown) (IF YES, G	181-01-	3732 Thomas Green	e, 2538 Bethel Ave.				
grees that the doors certific to be proposed to be	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stoling the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF DEATH BUT NOT RELATED TO THE JERN LAGRE PIO WEET	Inallitus. ENA	1,			
At Reco	190 DATE OF PPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?			
OUSSION OF VITAL RECORD with an this certificate host brief in to the best of thygiene prior to the sind Meeting Physician and white thygiene prior to arrived or ferm 18 shows any info	TO THE STATE OF TH	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	ORPART 7) COUNTY STATE			
Z 0 X 10 Z	22a I certify that (I) 4the hou	attended the deceased from_	19 3 4	1d8 May 19	87_, that (h (₩) lost			
## 635 H	saw the deceased alive a obave, (I) (val. (did) (did	n 19 19 19	and that in (my) (aur) apinian	death occurred an the date and haur o	nd from the causes stated			
AL DREG	276. SIGNATURE	Shemba:	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18 mas 87			
HOSPI Bired by PORTAN	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		7			
21 2413	230 BURIAL, CREMATION, REMOVA	L 236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	OUNTY STATE			
BP	Burial	May 21,1987	Lawn Croft		ster PA			
	24 FUNERAL DIRECTOR		25a DA1	E PECID BY PEGISTPAPISH PEGISTPA				

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

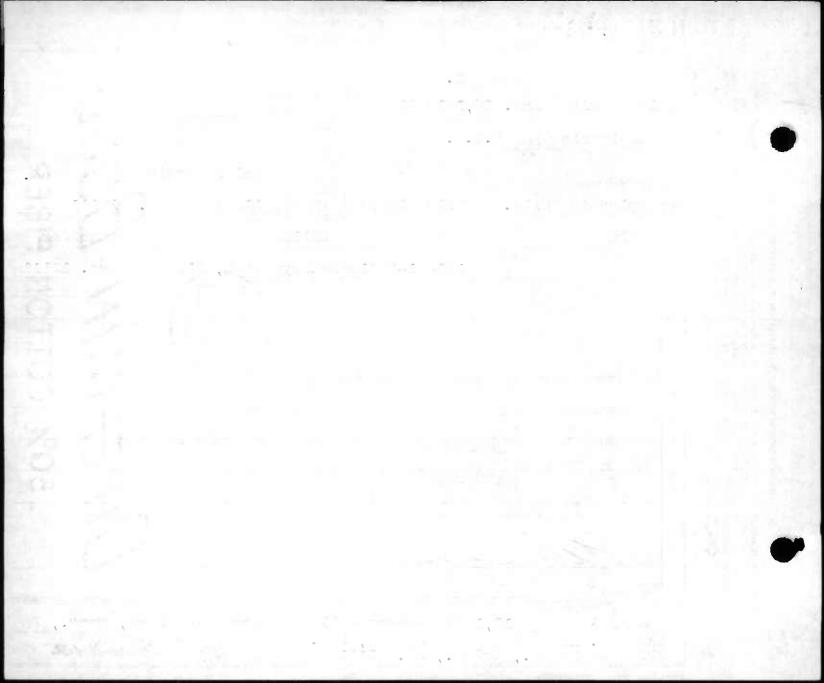
8	REG. NO	!	a j	3	2	6
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4937 1	n-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 /	4	3 2 6
		CEASED NAME F	IRS1	MIDDLE	t.	AST	REG. NO	TH DAY YEAR	26 HOUR
	TIVP	OR PRINT)	Adeline	Crawfo	rd	Purner	05-	25-87	12:57 E
96 4 10 10 10 10 10 10 10 10 10 10 10 10 10 1	2	emale	White		Jan's		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE	
		RTHPLACE ISTATE OF FORE	JE CITIZEN O	A .	MARRIE1	DEVER MARRIED DEVER DIVORCED	9 BALTIMORE CITY OR CO Cecil Coun		M
116/	10 C	TY OR TOWN OF DEATH Elkton	(IF NOT IN 5	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET HOSPITA	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORK SECRETARY	KING LIFE) 126. KIND INDUSTR RET	of Business o
A Mon	3.22		HOME OR OTHER INSTITUTION COUNTY COUNTY COLL	13 CITY OR TOW		13d INSIDE CITY LIMITS?	544 Biddle	St.	2191
	Ü	HER'S NAME Cher	MIDDLE •	Crawfo	rd	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Crawf	örd
n ond co	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCES? FYES GIVE WAR OR DATES)	220-22		Nancy Yeat	ADDRESS 544 Bio	ldle St.	Ches.
w requires that the been signed by the mit. Then please re prior to burial, creation injury, or other	ATION	PART 2 OTHER SIGNIFIED TO THE SIGNIFIED	CANT CONDITIONS	OR AS A CONSEQUE	DEATH BUT		INAL DISEASE OR CONDITIO	IF YES, WERE FIND	
hos hos	CERTIFICATION						YES NO	YES	NO [
ding physical is certificate burial-transit Mental Hygin or them 18 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS LIFEITHER NOTIFY MEDICALE	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART (OR PART 2)	
ottendin ter this of is the bur h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
pital or TOR: Afr for use o of Health	9	220 I certify that this	s hospital) attended live on Idid not view boo	10001 193	7 on	d that in (my) our) opinion o	todeath occurred on the date of	nd hour and from th	that (we) lo
by the hosp by the hosp ERAL DIRECT e detoched to Stote Dept. o NNT: If them 2		276. SIGNATURE	2/1/8	Sifer	6	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 5	251
etoined by the TO FUNERAL (should be deto with the Store [IMPORTANT: If		FINAN	173-51	NGH,	mo	NWION F	tosath, Et	Kowa	P 219
BP	230. E	STATE A	S/38	187 E	Bethe	EMETERY OR CREMATORY	Chesh Ci	ty cecil	mp.
HMH - 16 60M 7/B4 (VRA 15, 4)	6	NAME FUNIA	Hone	ADDRESS	598	MAINST	MAY 2 8 1987	Julia Jun	door-Randa

History autobar with the company A Profession of the Contract o

6009 Harford Rd., Balto., Md.

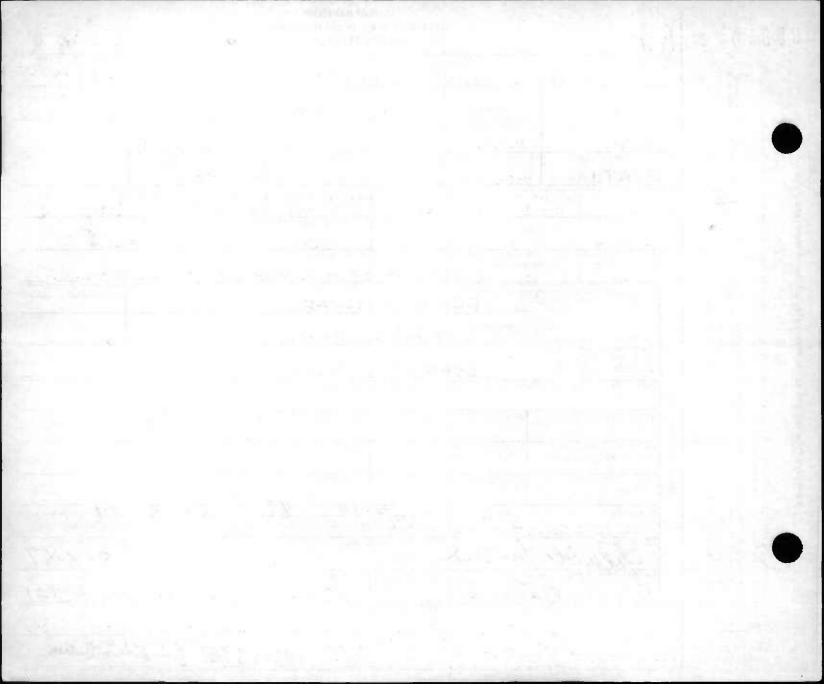
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STATE OF MARYLAND

ENE	8	REG. NO.	1	4	J	2	
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053402 147	14	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO	o. 1	4 3	28
tor page 3 offer death		X	Tec 1 RA	1 (CAY	S. DATE C	DAY YEAR	20 DATE OF DEATH 6. AGE (IN YEARS LAST BIRT	WC	V YEAR 187 UNDER LYEAR ONTHS DAYS	26 HOUR 4 1405 M
death. Poga funeral direction of the court		Female RTHPLACE (STATE OR FOREIGN COUNTRY) Hawaii	100		WHAT COUNTRY	NOV.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	MD.
offer of the		EIKTON	U:	nion	HFACILITY, GIVE STREE Hospital	T ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUPATE ITYPE OF WORK FOR MOST O Homemaker		126 KIND OF INDUSTRY	BUSINESS OR
LAND 21	13a. S Ma		OUNTY	PINSTITUTION	IJC. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 40 Kist Ro		2192	
MORE, MARY e executed with n and camplete Pages 1 and 2	16a. V	FIRST Lawrence VAS DECEASED EVER IN U.S	MIDDLE	FORCES?	Gray 166 SOCIAL SEC	URITY NO.	Violet 17. INFORMANT	ADDRE		aulos	
rificote be einficote einficote be einficote		NO 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only on	e cause per		nd (c).)	Robert R. She	ats, 40 Kis	t Rd.,		Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather ding physician and complete that certificate has been signed by the attending physician and complete that os the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 than Amental Hygene prior to buriol, cremation, or removal.	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	e }	(b) (b) DUE TO, OI	RAS A CONSEQUENCE PHAS A CONSEQU	JENCE OF JENCE OF	culenos, s		DITION GIVEN	N IN PART No	
AL RECOR	CERTIFICATION	190 DATE OF OPERATION		196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES O	
HYSICIAN: The nding physicion his certificate by buriot-tronsit at Mental Hygies or them 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTING ACCOUNTED	OF DEATH MINER)	P.:	M. MONTH (M.	19	211 LOCATION	RED (ENTER NATURE OF INJUR		COUNTY	STATE
TTEND spital o Spital o CTOR. A for use of Heal	W	while alwork NOT While alwork 220.1 certify that (I) (this has been alwork, (I) (we) (did) (did) 270. SIGNATURE	nospital) a	stended th	e deceosed from	\$7. or	and that in (my) (aur) apinian	, to	8. 19	87.11	nat (II (we) last ouses stated
TO HOSPITAL OR A retained by the hospital of a should be detached with the State Dept.		Physician's Name (1	YPE OR PRIN	egi	nl 1		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	IAN	5-	8-87
BP		BURIAL, CREMATION, REMO		DATE /11/8			EMETERY OR CREMATORY Pris & Co.	236 LOCATION CITY OR TOWN West Ches		COUNTY	STATE Pa.
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR CKS Home for	ace	Sh	ADDRESSS	Vic	ka 250 DAT	E REC'D. BY REGISTRAR	Mb REGISTRA		RE



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ttor page 3 softer death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	3	7	.)	0
REG. NO	à			Ein	

							REG. NO			
	CEASED NAME	FIRST	- /	MIDDLE	LAS	Т	70 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	OR PRINT)	ALVIN		COE	STACK	HOUSE	MAY 30, 19	87		1:32A
3 SEX	X	4.	RACE		5 DATE OF		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 24 H
1	MALE			WHITE	DECEMBI	ER 20, 1902	84	YRS	MONTHS DATS	HOURS
	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
,	PA	1	USA		WIDOWED		CECIL	COUNT	Υ	
	RRY POINT	3/	LIE NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	DDRESSI	OTHER INSTITUTION	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF (RET) FOREMAN		E) INDUSTRY	OF BUSINESS
	AL RESIDENCE (# N STATE MD	URSING HOME OF OT U36 COUNT HARFO	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI HAVRE de G	N 11	34 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 110 VANDIVER			21078
FA	ATHER'S NAME FIRST AMOS	AA II	DDLE	STACKHOUS		5 MOTHER'S MAIDEN NA CARRIE	WE			ILEY
	VAS DECEASED EV YES NO OR UNKNOWN) YES		WAR OR DATES)	166 SOCIAL SECUI 180 18 19		MRS. ETHEL C. S	ADDRE TACKHOUSE,		E AS #13	e
		ATH (Enter only		line for (a), (b), one		DECT	F (84, 119)		APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEA
	Conditions, if o gove rise to couse (a), sto underlying co	immediate ofing the	(b)_	R AS A CONSEQUE BRONCHTOP R AS A CONSEQUE	NEUMO	NIA				
FICATION	gove rise to couse (0), sto underlying co	immediate string the use lost.	DUE TO, OF	BRONCHTOF	NEUMON	OT RELATED TO THE TERM	20a AUTOPSY?	70b. IF YES	S, WERE FIND YING CAUSE	INGS USED S OF DEATH?
AL CERTIFICATION	gove rise to couse (o), st underlying co PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [immediate string the use lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH	DUE TO, OI (c) (d) (e) (e) (e) (e) (e) (f) (f) (f	BRONCHIOF R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	PREUMON NCE OF DEATH BUT N OPERATION	OT RELATED TO THE TERM	200 AUTOPSY?	70b. IF YES	S, WERE FIND YING CAUSE S	INGS USED
MEDICAL CERTIFICATION	gove rise to couse 101, to underlying co PART 2 OTHER S 19a. DATE OF OPE 71a. ACCIDENT WAS OR CONTRIBUTING [UF EITHER NOTIFY M 71d INJURY OCC	immediate string the use lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH- LEDICAL EXAMINER	(b) DUE TO, OO (c) ONDITIONS CO	BRONCHTOE R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M.	PNEUMON NCE OF DEATH BUT N OPERATION NY YEAR 19	OT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO
	gove rise to couse (o), to underlying co PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [GIF EITHER NOTIFY NO 21d INJURY OCC WHIE NO AT WORK NO 27a certify that saw the dece	Immediate thing the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CEDICAL EXAMINER UNRED WHITE CO (1) (this hospito trased alive on cased olive	DUE TO, OI (c1	BRONCHTOF R AS A CONSEQUE DITION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, FA	OPERATION Y YEAR 19 ARM. EIC.) CEBRUAL 7 Ond	WAS PERFORMED 71c HOW INJURY OCCUR	YES NOW, RED (ENTER NATURE OF INJUR CITY OR TO.	706. IF YES IN CERTIFY YE IN CERTIFORM 18 P	COUNTY	INGS USED S OF DEATH? NO
	gove rise to couse (o), structured to couse (o	Immediate thing the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CEDICAL EXAMINER UNRED WHITE CO (1) (this hospito trased alive on cased olive	DUE TO, OO (c1) PRINT) (b) (c1) (c1)	BRONCHTOE R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, FACTORY ofter deoth.	OPERATION Y YEAR 19 ARM. EIC.) CEBRUAL 7 Ond	WAS PERFORMED 71c HOW INJURY OCCUR 711 LOCATION STREET RY 27 , 19 87 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [YES NOW, RED (ENTER NATURE OF INJUR CITY OR TO: to MAY 30 death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	706. IF YES IN CERTIFY YE IN CERTIFORM 18 P	COUNTY 19.87 170. DAT	INGS USED S OF DEATH? NO

DHMH - 16 60M 7/84

DEDIVITAL DIRECTOR: After this certificate has been signed by the attending propulate detached for use as the buriol-transit permit. Then please remove comments that the Carolina of Mental Hygiene prior to buriol, cremation, or man

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

(VRA 15, 4)

TO FUNERAL DIRECTOR:

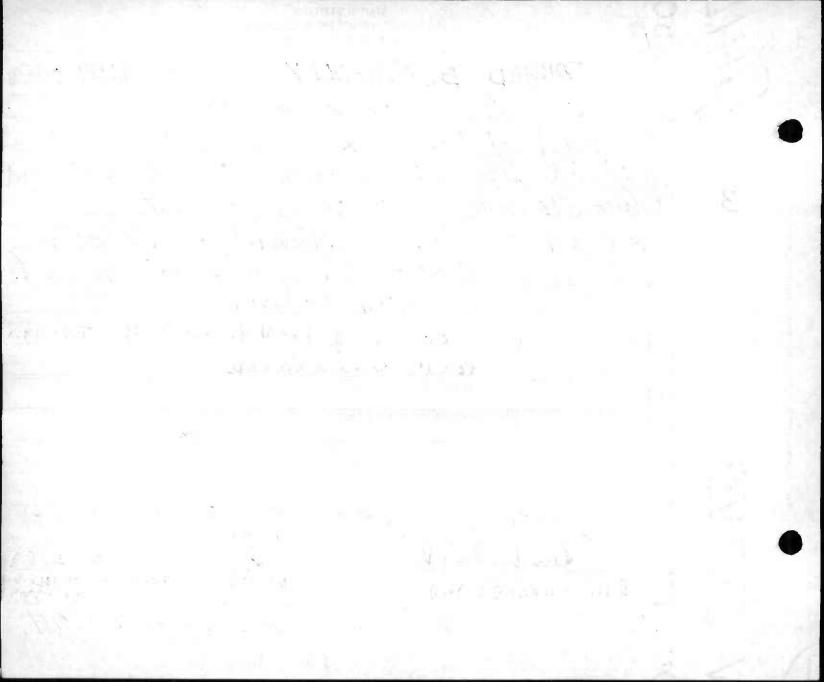
MITCHELL FUNERAL HOME

HAVRE DE GRACE

MD

1987 Julia Dardon Pondalle

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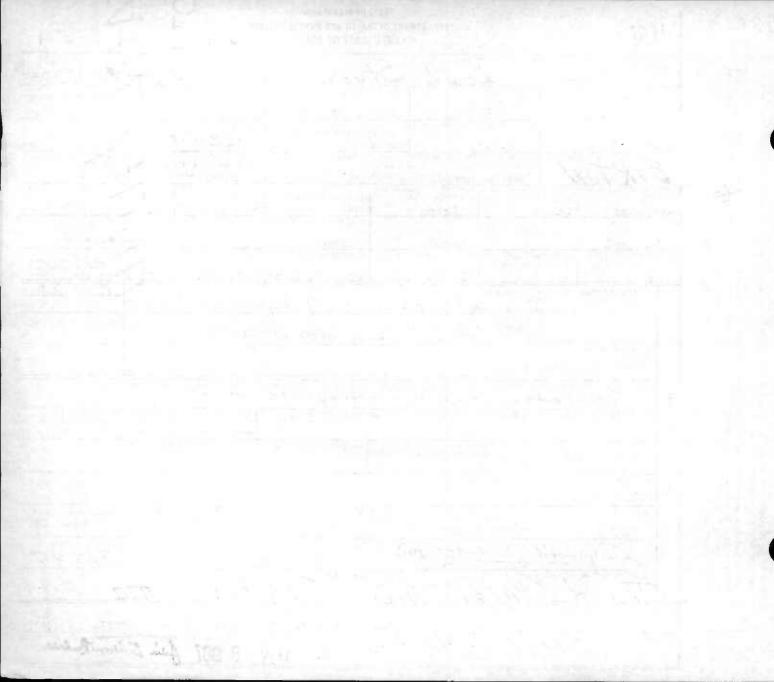


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	PIL	VI	171.04	IN I L	PAIND	

EPARTMENT	OF HEALTH	AND MENTA	HYGIENE
CE	RTIFICATE	OF DEATH	

8 7	REG. N	10.	1	4	3	3	1
DATE OF DI	EATH	MONIII	1	11	YEAR	26 HOUR	

				ST	ATE OF MARYLAND			
4.2 11	11	FOR -			F HEALTH AND MENTAL F	IYGIENE Q	1 1 7	2 1
		REGISTRAR		CEKI	IFICATE OF DEATH	REG. N	10.) 63
		CEASED NAME A FIRST	MIDDL	,, <	LAST	20 DATE OF DEATH	MONIH THAT YEAR	26 HOUR
	(1)	HAMA	LE	cul -	TURGI 11		5/4/87	1025
	1. SE	× -	4. RACE		E OF BIRTH	6 AGE (IN YEARS LAST BE	IRTHDA WHITER I YE	AR IF UNDER 24 HR
	1	emale	Mite		ept. 22 1926	60	YRS.	S HOURS MI
125		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	RIED DENEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
27		ryland	U.S.A.		WED DIVORCED	_	1 00	
3/10	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS
del	1	-IX TON			Cecil County	Homemake:		(1
2000	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSIO	N)			
05	1	ryland Cec		CITY OR TOWN	13d. INSIDE CITY LIMITS			21021
		THER'S NAME	11	Elkton	15 MOTHER'S MAIDEN	135 Elkmore	a Ru.	21921
111	/	ratif	WIDDLE	LAST	FIRST	WIDDIE		EAST
180	160.3	Michael WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO	Anna 17 INFORMANT	ADDR		rmes
4/			IVE WAR OR DATES)	SOCIAL SECURITY INC	. IV INFORMATIVI	ADD.		Md. 2192
1/	_	No	2:	4 26 6911	John C. St	urgill, Jr.		Rd. Elk
e prior to burial.	HCATION	PART 2. OTHER SIGNIFICANT Duhe 190 DATE OF OPERATION	Her Ma	elittu	UT NOT RELATED TO THE TY LY CA T	200 AUTOPSY?	NDITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
114	CERTI	AL ACCIDENTAL MARKET MA	216. TIME OF IN	HIDV	Ist. How billing occ	YES NO	YES 🗌	NO 🗌
E 20/1	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YE	AR INJURY OCC	URRED (ENTER NATURE OF IN)	JAT IN HEM 18 PART I OR PART 2	.11
17	AC.	(IF EITHER NOTIFY MEDICAL EXAMIN		1				
0/	MEDIC	216 INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR 1	OWN COUNTY	STATE
o de		ORK NOT WHILE						
2		220.1 certify that (1) (this has	-1111/2-	ceased from3	, 17	10-5/9/	3 / 19	_, that (1) (we)
5 6		saw the deceased alive a abave, (1) (we) (did) (did r		deoth.	ond that in (my) (our) opin	ion death occurred an the o		
1 1		THE SIGNATURE	Lalic. Pe	Par Mi)	DEGREE ATTENDING	G MEDICAL STA		TE SIGNED
7		1	-	- /	PHYSICIAN			14/8/
ORTA		22 DHYSICIAN'S NAME (TYPE	OR PRINT	, , ,	220 ADDRESS	117 /	, ,	
8	1	JAU K.	TATE	mI) E/	KION	Md	
5	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME O	F CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY	STATE
_		Burial	5/8/87	Immacu	late Concept:	ion Cherry H:	ill Cecil	Md
M 7/84	24 F	UNERAL DIRECTOR	ah-E	Rick	25e	DATE REC'D. BY REGISTRA	R 250 REGISTRARS SIGN	ALIRE
5, 4)		Hicks Ho	me for Fund	erals Ell	ton, Md.	IAV 8 1987	Julia Davidson	· Keenman



054405

certificate be executed within 24 hau

that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3		
-	REG.	h

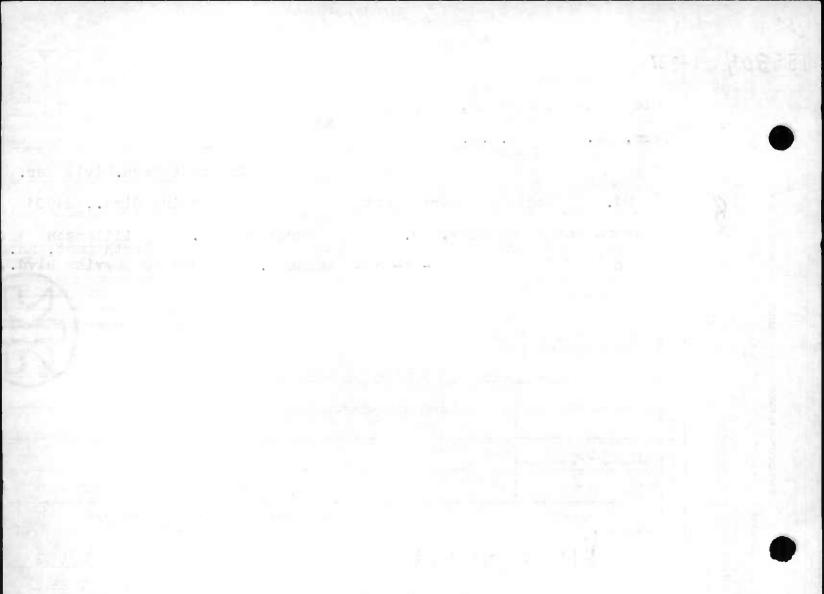
		OR PRINT)	FIRST		MIDDLE	LA	151		20. DATE OF	DEATH MO	INTH D	AY	YEAR	2b HOL	JR ·
ч	11.72	ON PRINTS	Sheld	on	J.	Ty	ler			Ma	y 2.	1 19	987		,
	3 SE	(4 RACE		5. DATE OF			6 AGE (INYE	ARS LAST BIRTHD	AY)	IF UNDER	TYEAR	IF UNDER	24 HRS
		Male		Whi	te	Augus	t 17	1913	73		YRS	ONIHS	DAYS	HOURS	MIN
0		RTHPLACE (STATE	OR FOREIGN		OF WHAT COUNTRY?	> 8			9 BALTIMOR	E CITY OR C		OF DEA	ATH		
7	700	ichigan		U.S	. A .	WIDOWER		MARRIED 🔀	Co	cil Co	1200 + 17				A
×		TY OR TOWN OF	EATH	II. NAME	OF HOSPITAL, NURSI	NG HOME OF			12a USUAL O	CCUPATION	1		(IND OF	BUSINE	
	E	lkton			elwood Nur		enter		ACCOU		ORKING LIFE		S. G	OVEY	ממר
100	USUA	AL RESIDENCE (IF N		ROTHER INSTITU	TION GIVE RESIDENCE BEFOR	RE ADMISSION)	CITCCI					10.1	. 0	OVEI	. 1111
2		STATE	13h COU		13c. CITY OR TOV	VN	13d. INSIDE C	NO [13e STREET A						
		aryland_	_ Ce	cil	Elkton		YES X	S MAIDEN NA	1100 La	irel D	rive			1921	-
7/1		FIRST		MIDDLE	LAST	-1 -21		FIRST		MIDDLE		1	LAST		
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55304 JUN -		CEASED NAME FIRST	SE-AN	MIDDLE	an Scov	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR 5-30 1987
NECESSARY, PLEAS: UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WEREIN	3. SEX	ale White	June 18	6. AGE (IN YEARS IF	J		MONTH DAY YEAR 24 HOU 2:13
NECESSA UNERAL S FOR Y WITHIN	Do	RTHPLACE (STATE OR REIGN COUNTRY) Ver, De.	U.S.A.	AT COUNTRY? 8 MA	RRIED NEVER MARR	IED 📙	OR COUNTY OF DEATH
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MD. 21201 N. 2. AND 3-TO A. 3. REPAIN PER A. 4. REPAIN PE	13a. S		OR OTHER INSTITUTION, GIVE NTY ecil	North East	13d. INSIDE CITY LIMITS? YES NO	80 Bayview	Blvd., 21901
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ON ST., B 24 HOURS ITEM 18. C LONG WIT PERMIT. P GIENE, DIN	7	CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI I MAMEDIA Conditions, if any, which	ATE CAUSE (o) MU	for (0), (b), ond (c).) altiple Injurie AS A CONSEQUENCE OF	28		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PREST XECUTED WITHIN 4G" IN PENCIL IN AL EXAMINER A AND MENTAL HAM AND MENTAL HYM ATION, OR REMO		gove rise to immediate cause (a) stating the <u>under lying couse lost.</u> PART 2 DTNER SIGNIFICANT CONDITION	DUE TO, OR A	AS A CONSEQUENCE OF	EASE OR CRUMITIAN CIVEN IN RE	IPT Lieu	
ITAL RECORDS, 201 HOULD BE EXECUTED ND "PENDING" IN F HIEF MEDICAL EXA USED AS A BURIAL OF HEALTH AND M URIAL, CREMATION,	CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH OPERATION		(KI 1 / U).	20 AUTOPSY?
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=>=020	MEDICAL	CONTRIBUTING CAUSE OF 218 INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE O	FINJURY (ATHOME, 21f)	OCATION	to/auto collisi Appleton Rd. Ce	ecil County, MD STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWART TO FUNEATO DIRECTOR: PAGE AFER DEATH, WITH THE STATE BAUTIMORE, MARYJAND 2120		22a. I certify that I took char		ribed obove, held on Aut Accident X Suicide I	opsy . Inspection . Hamicide		DATE SIGNED 5-31-87
O MEDIC GECUTE T AGE 4 SI FIERDE ATTIMOR				. Korell, M.D.	ADDRESS		Balto., MD 21201
07/84 BP	-	JRIAL, CREMATION, REMOVAL PECIFY) Burial	and the second s	Union Cem	etery	23d LOCATION Unit on	Ceccil Md.
DHMH - 17 (VR A15 ME (5))	24.5	INERAL DIRECTOR G.D.D.	ADDRESS	HOME, Elkton	MD, JUN	REC'D. BY REGISTRAR 156 REC	Diorden Rendell



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